AMEDD AHLTA Effective Documentation

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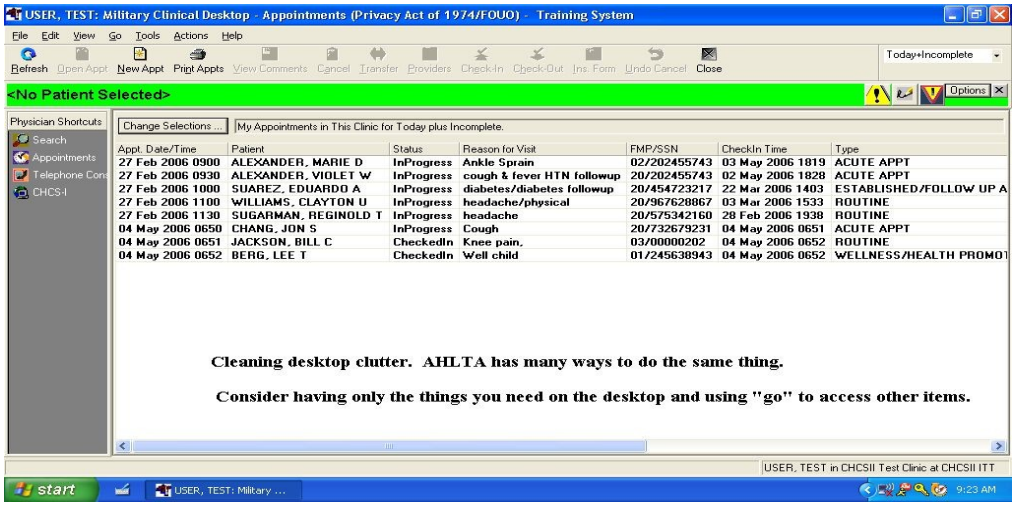
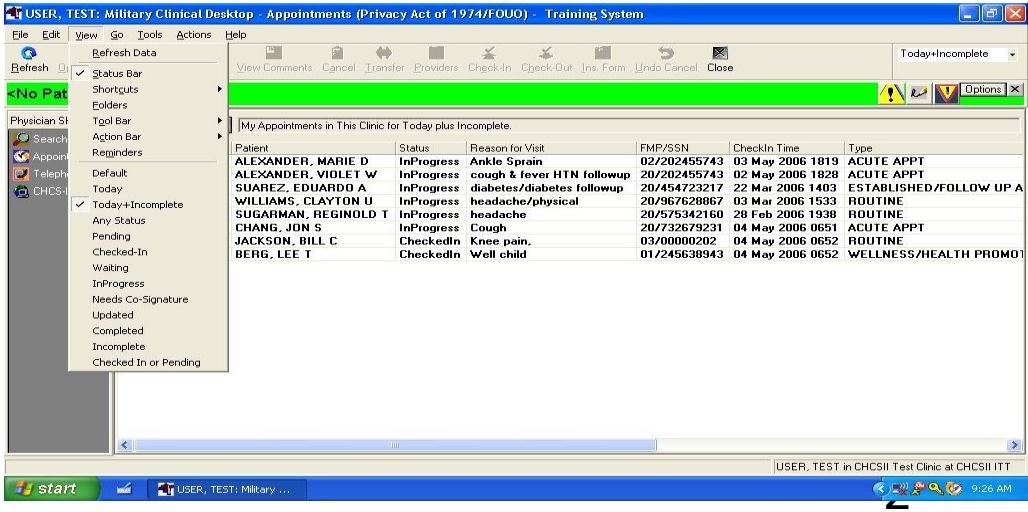
Decrease Desktop Clutter

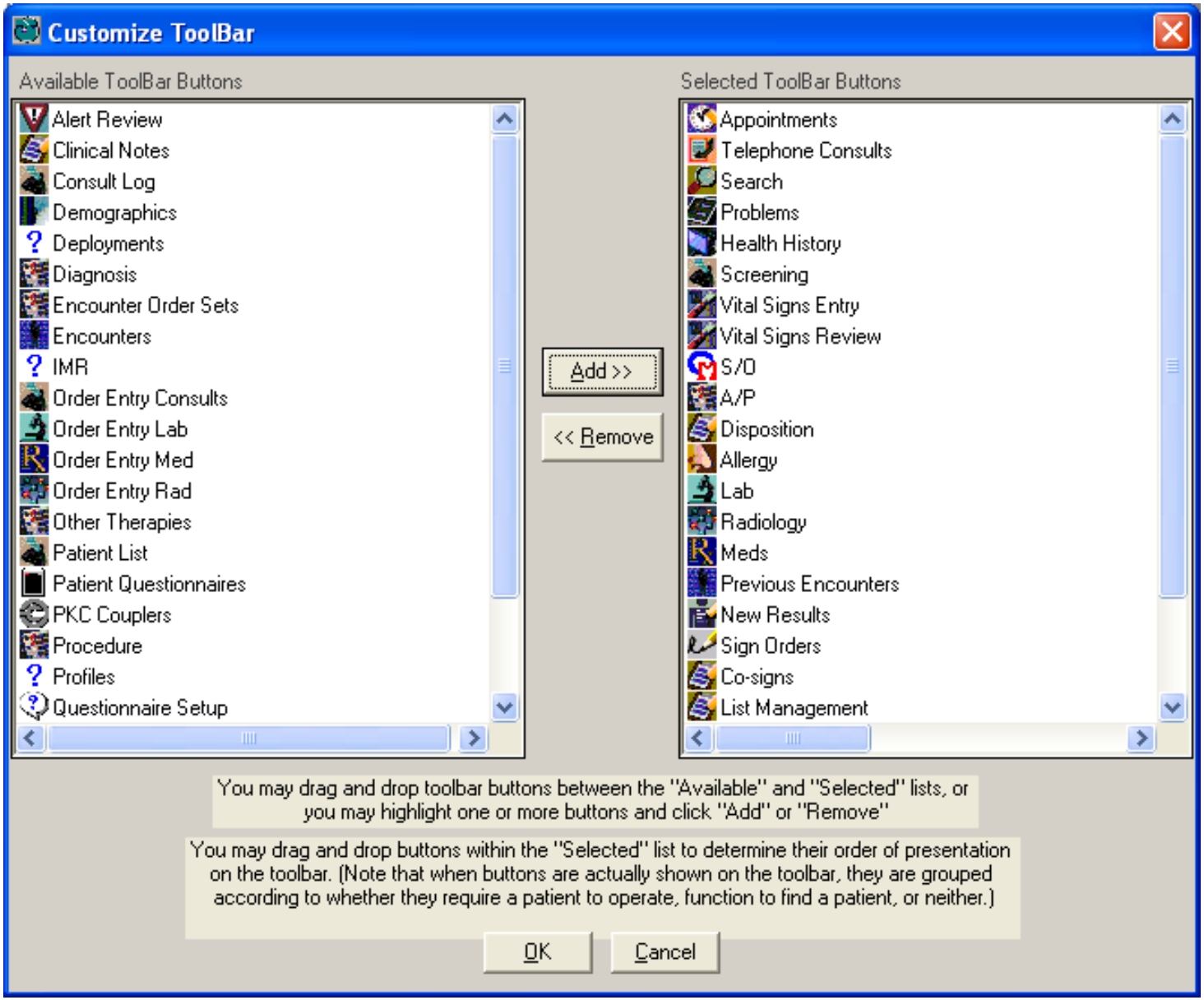
- AHLTA has many ways to accomplish this
- Set personal preferences for clinic - “speed”
- Customize your personal view

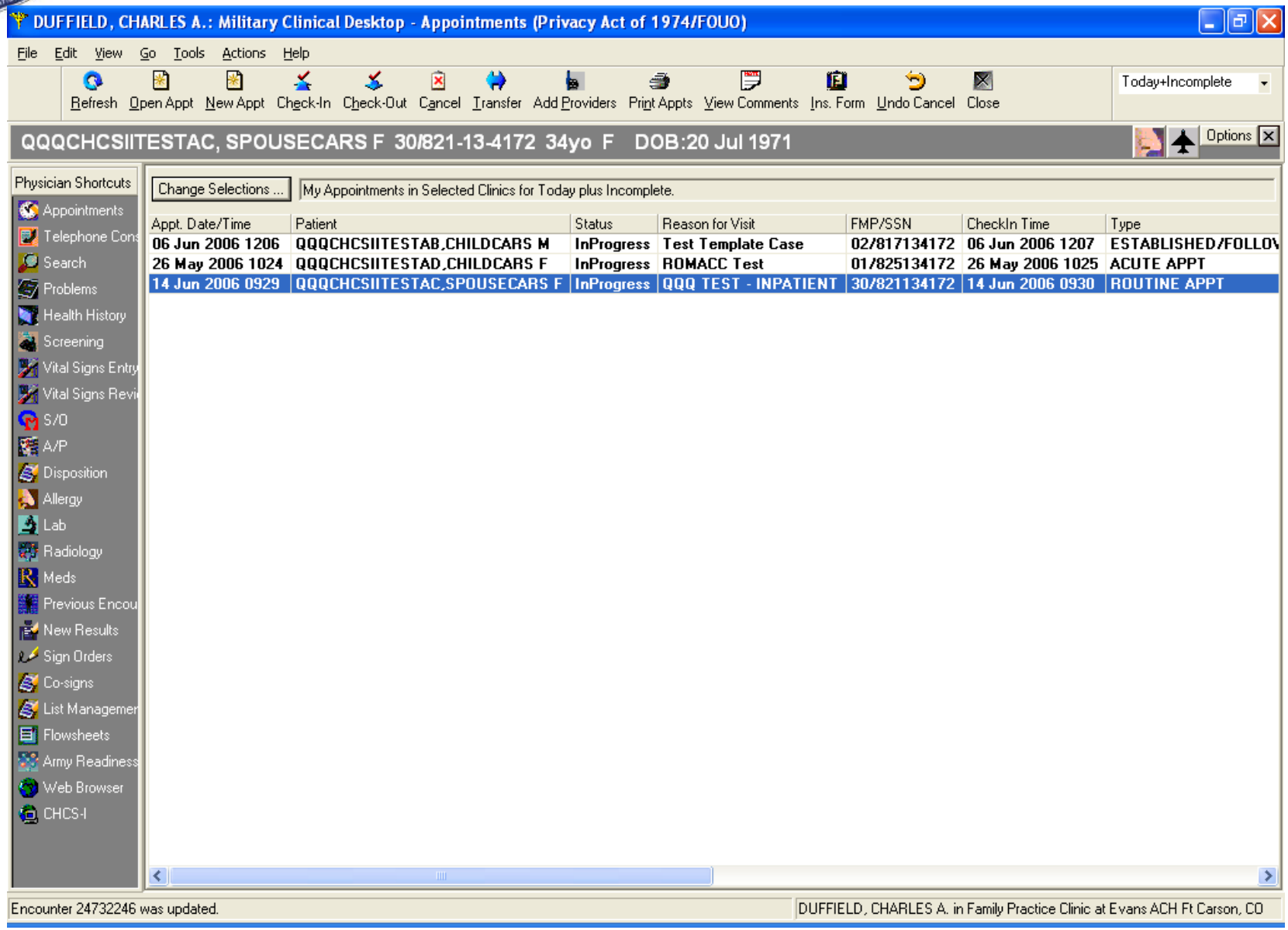

USER, TEST: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO) - Training System
<No Patient Selected>
Cleaning desktop clutter. AHLTA has many ways to do the same thing.
Consider having only the things you need on the desktop and using "go" to access other items.



Setting up Physician Shortcuts

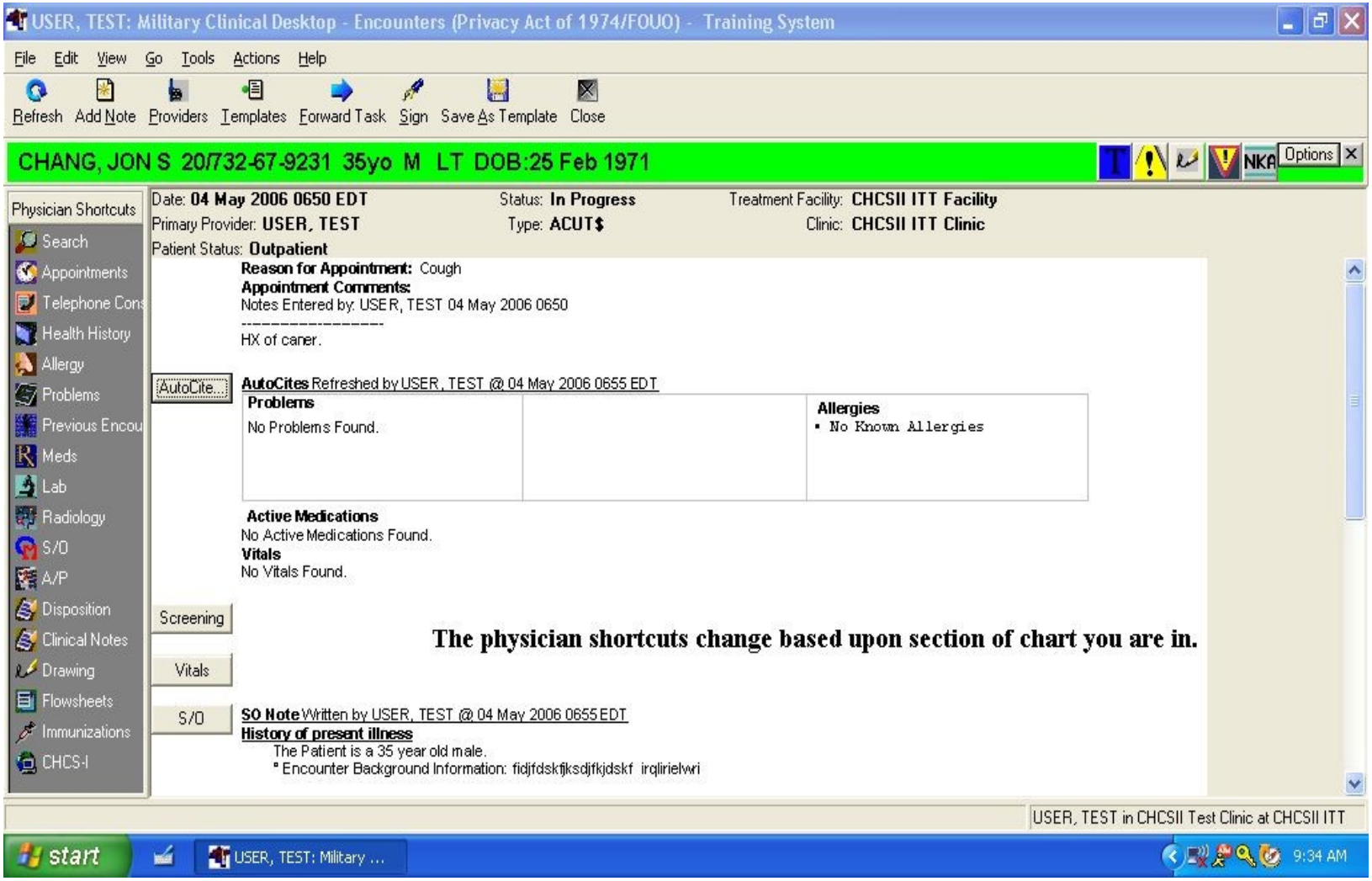
- Select from the Windows pulldown menu
  - View/Folders – will turn folders off
  - View/Shortcuts/Small Icons – turns on Physician's menu
- To edit the Physician's menu
  - Select from the Windows pulldown menu
    - View/Tool Bar/Customize
    - Drag from the left column to add the menu item to the right menu column
    - Click and drag in the right column to arrange items in the order that works for your style


Customize ToolBar
Available ToolBar Buttons
Alert Review
Clinical Notes
Consult Log
Demographics
Deployments
Diagnosis
Encounter Order Sets
Encounters
IMR
Order Entry Consults
Order Entry Lab
Order Entry Med
Order Entry Rad
Other Therapies
Patient List
Patient Questionnaires
PKC Couplers
Procedure
Profiles
Questionnaire Setup
Add >>
<< Remove
Selected ToolBar Buttons
Appointments
Telephone Consults
Search
Problems
Health History
Screening
Vital Signs Entry
Vital Signs Review
S/O
A/P
Disposition
Allergy
Lab
Radiology
Meds
Previous Encounters
New Results
Sign Orders
Co-signs
List Management
You may drag and drop toolbar buttons between the "Available" and "Selected" lists, or you may highlight one or more buttons and click "Add" or "Remove"
You may drag and drop buttons within the "Selected" list to determine their order of presentation on the toolbar. (Note that when buttons are actually shown on the toolbar, they are grouped according to whether they require a patient to operate, function to find a patient, or neither.)
OK
Cancel


DUFFIELD, CHARLES A.: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Refresh Open Appt New Appt Check-In Check-Out Cancel Transfer Add Providers Print Appts View Comments Ins. Form Undo Cancel Close
Today+Incomplete
QQQCHCSIITESTAC, SPOUSECARS F 30/821-13-4172 34yo F DOB:20 Jul 1971
Options
Physician Shortcuts
Appointments
Telephone Cons
Search
Problems
Health History
Screening
Vital Signs Entry
Vital Signs Revi
S/O
A/P
Disposition
Allergy
Lab
Radiology
Meds
Previous Encou
New Results
Sign Orders
Co-signs
List Managemer
Flowsheets
Army Readiness
Web Browser
CHCS-I
Change Selections ...
My Appointments in Selected Clinics for Today plus Incomplete.
Appt. Date/Time | Patient | Status | Reason for Visit | FMP/SSN | CheckIn Time | Type
06 Jun 2006 1206 | QQQCHCSIITESTAB,CHILDCARS M | InProgress | Test Template Case | 02/817134172 | 06 Jun 2006 1207 | ESTABLISHED/FOLLOV
26 May 2006 1024 | QQQCHCSIITESTAD,CHILDCARS F | InProgress | ROMACC Test | 01/825134172 | 26 May 2006 1025 | ACUTE APPT
14 Jun 2006 0929 | QQQCHCSIITESTAC,SPOUSECARS F | InProgress | QQQ TEST - INPATIENT | 30/821134172 | 14 Jun 2006 0930 | ROUTINE APPT
Encounter 24732246 was updated.
DUFFIELD, CHARLES A. in Family Practice Clinic at Evans ACH Ft Carson, CO

Physician Shortcuts:

Place items in the sequence that you use them

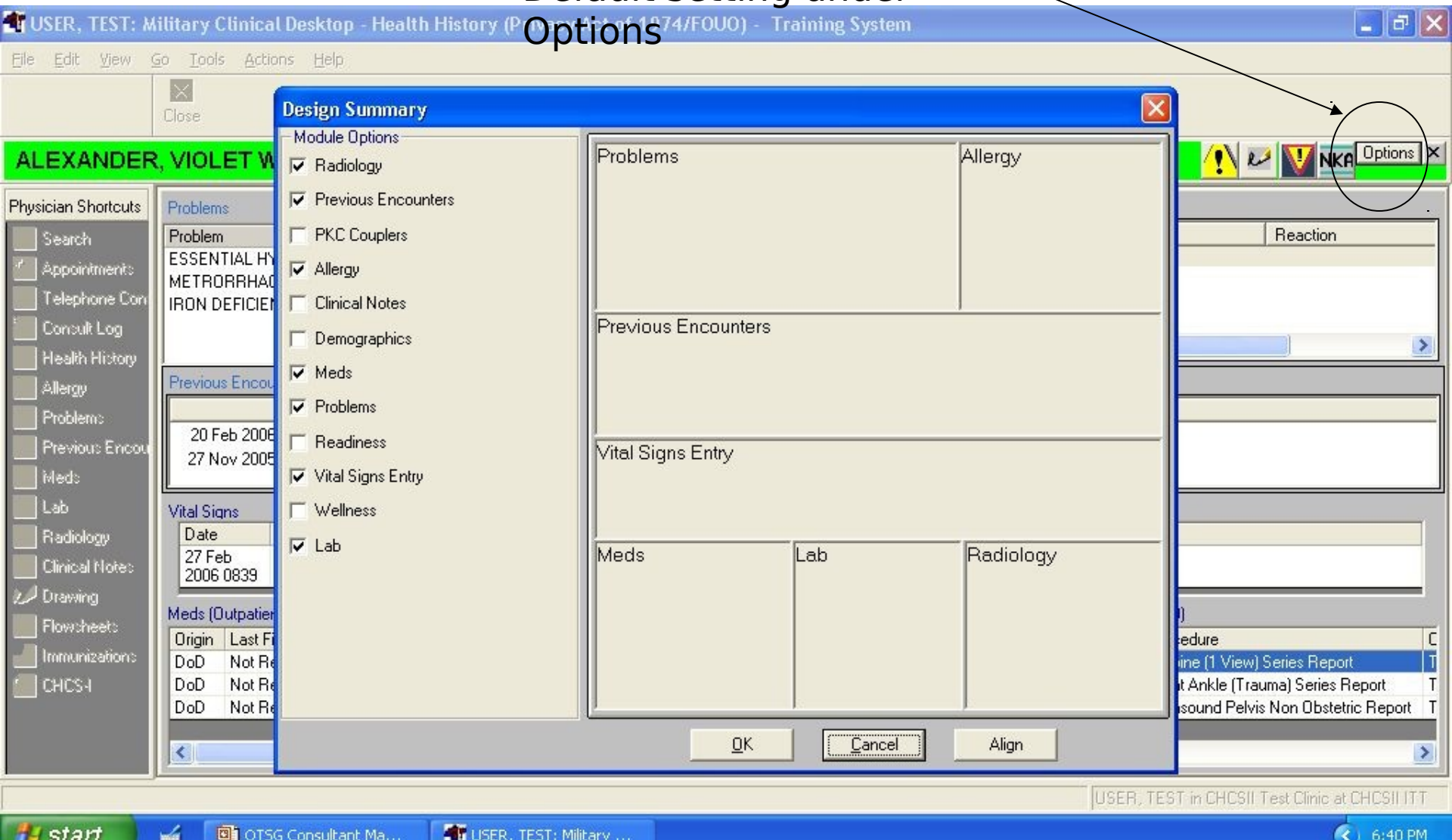


Health History Module

- Pre-loads patient data in the background
- Action in clinic: Open the appointment and immediately click HHM so that it loads at beginning of appointment (in hallway if wireless)
- Do something else while patient data is loading
- When you click on Rads and Labs later, they will appear faster since the data was pre-fetched earlier (on that PC / patient)

HHM: Must Set User Options

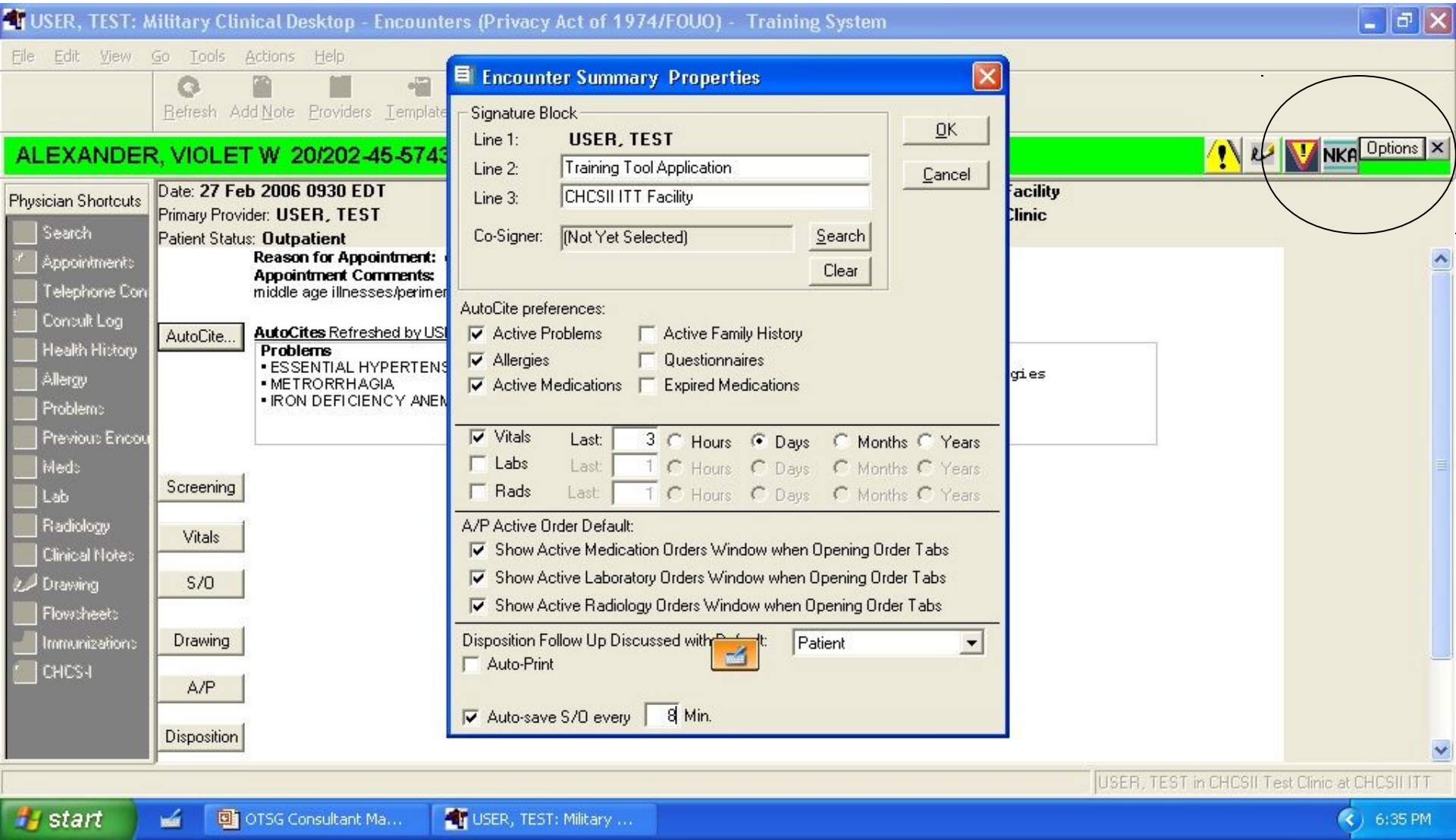
Default setting under Options



User Defined Setting

- AUTOCITE
  - Only set for current meds, allergies, problems (speeds A/P loading) Note: Set Questionnaires only if your clinic is actively conducting questionnaire interviews.
  - Added information slows the system and you are legally liable for any autocite results (LABS, RADS)
  - Close patient record when not in use
- Autosave - Set at every eight minutes. This will save data if an event occurs. More frequent saves can slow the system.
- No printing of charts
- LAB/Rad Settings

Autocite: Set User Preferences



Other User Settings

- The filter used for medication display will impact view and autocite
  - Options: Outpatient current/Inpatient All/All current
- If Using Health History approach
  - Set labs to all “in the Lab Module”
  - Set Meds to all “in the Meds Module”
- If NOT using Health History approach
  - Set labs to N-days
  - Set rads to N number or days
  - Longer = Slower

Problem List Use

- Entire Health team has responsibility to perform updates and maintenance
- Eliminate inactive or repetitive terms
- Use patients previous diagnosis to enter diagnosis on new appointments or change it.
- If Problems, Surgeries, and FamHx is updated once, this decreases the workload for EVERYONE.

SOAP to Coding

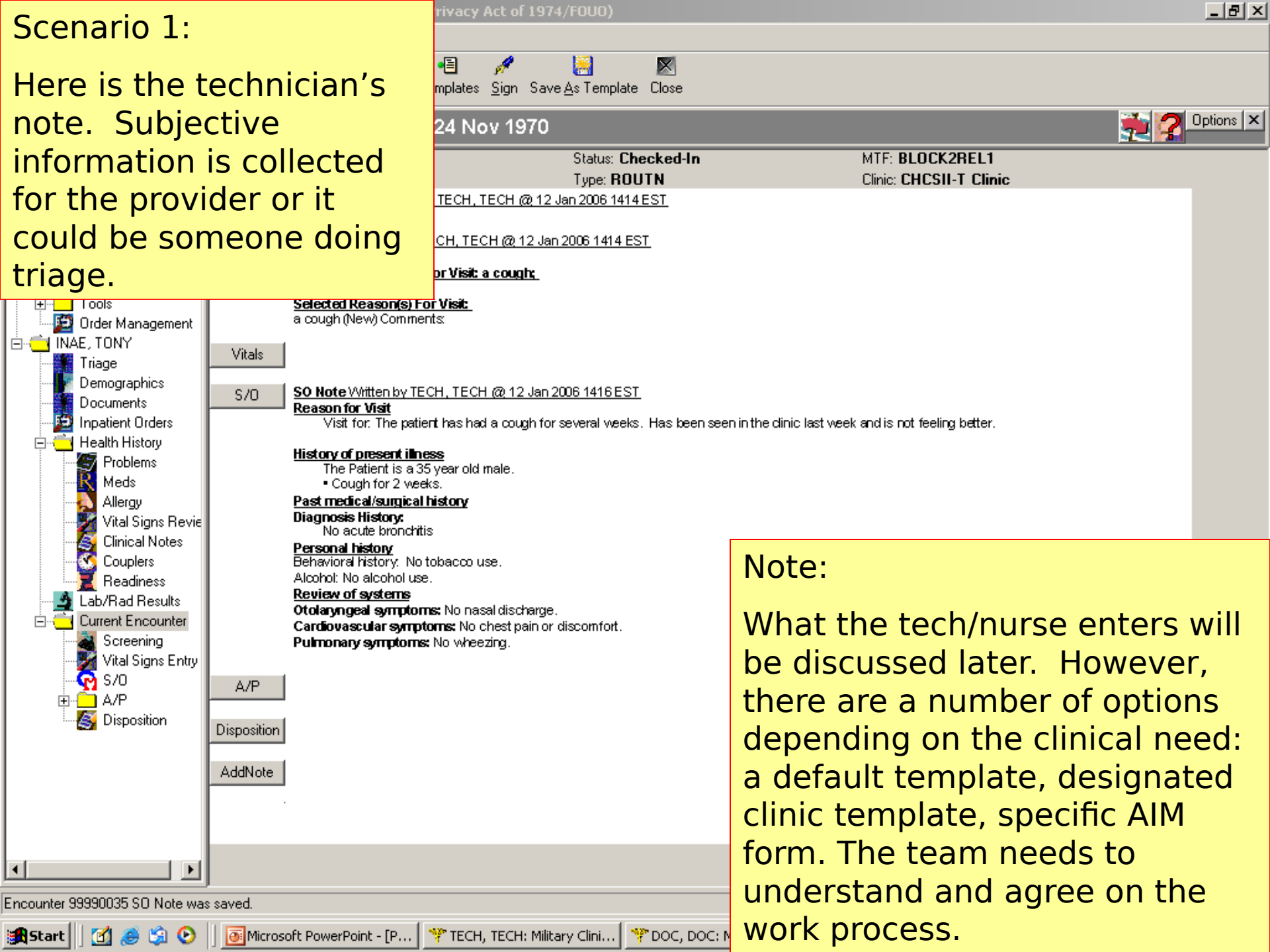
- More clicks do not necessarily mean higher E&M code
- Where the information is placed is important
- Many terms role up under parent terms
- Create ROS and HPI of “Terms You Use” that are as specific as you feel comfortable.
- Using these terms
  - Free text specify details for clarity
  - Save usual or repeated text by editing the S/O template for re-usability
- MS Word file - use on your desktop to “copy and paste” common instructions/information (Ctrl-C – Ctrl-V)
- Free text in HPI to tell story and in A/P comments
- Place/move (Use ROS/HPI Flip Button)
  - Positive information/terms in the HPI section
  - Negative information/terms in the ROS section

Use of Word Documents

- If you frequently use the same PC, you can save common word documents
  - Education Material
  - Counseling Material
  - Treatment Plans/ Recommendations
  - Other
- Simply cut and past as appropriate into the record (Add Note or other areas where you would normally type)
- Used a lot by Behavioral Health also beneficial for PT/OT, and certain subspecialties.

Scenario 1:

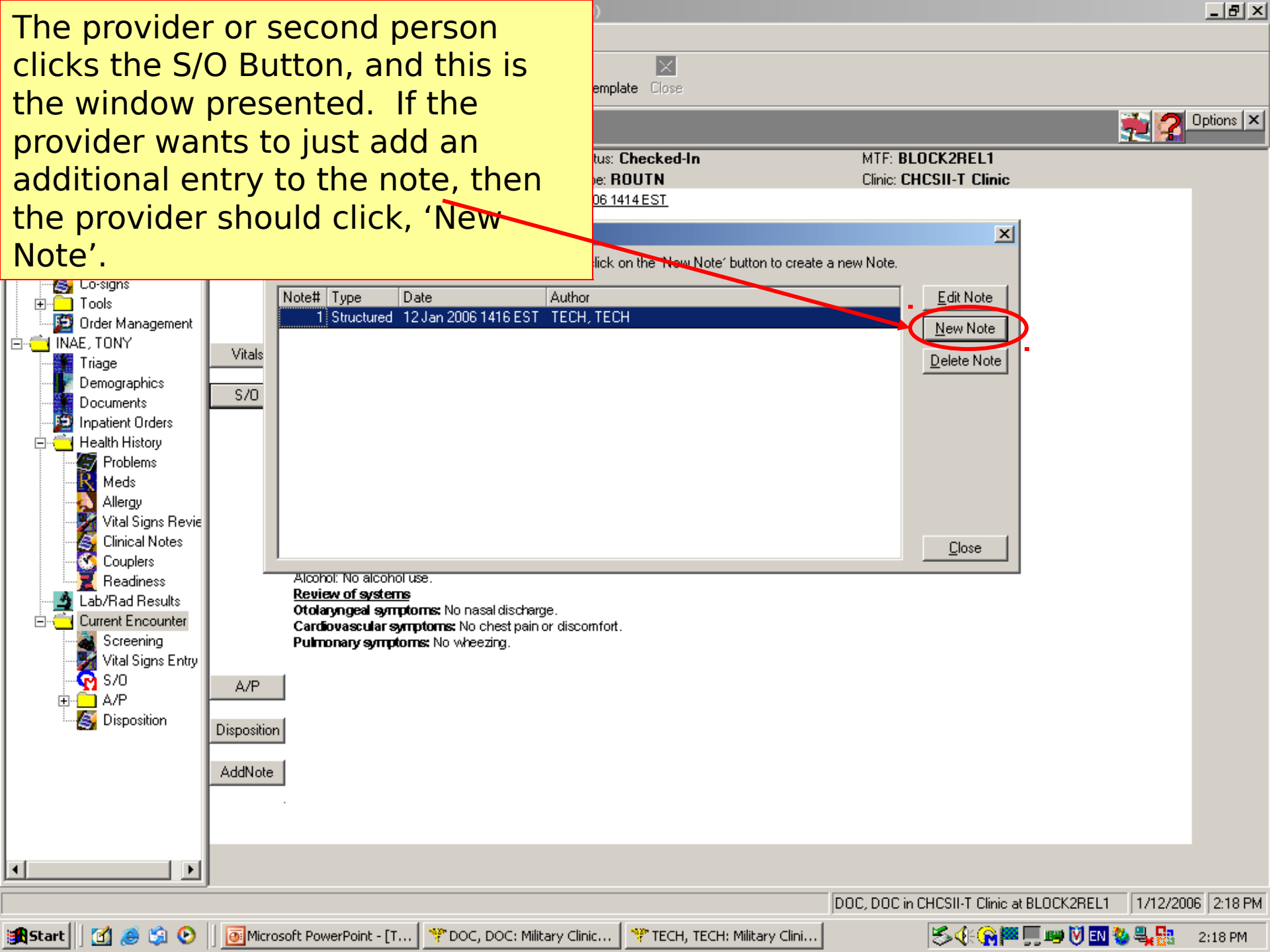
Here is the technician's note. Subjective information is collected for the provider or it could be someone doing triage.



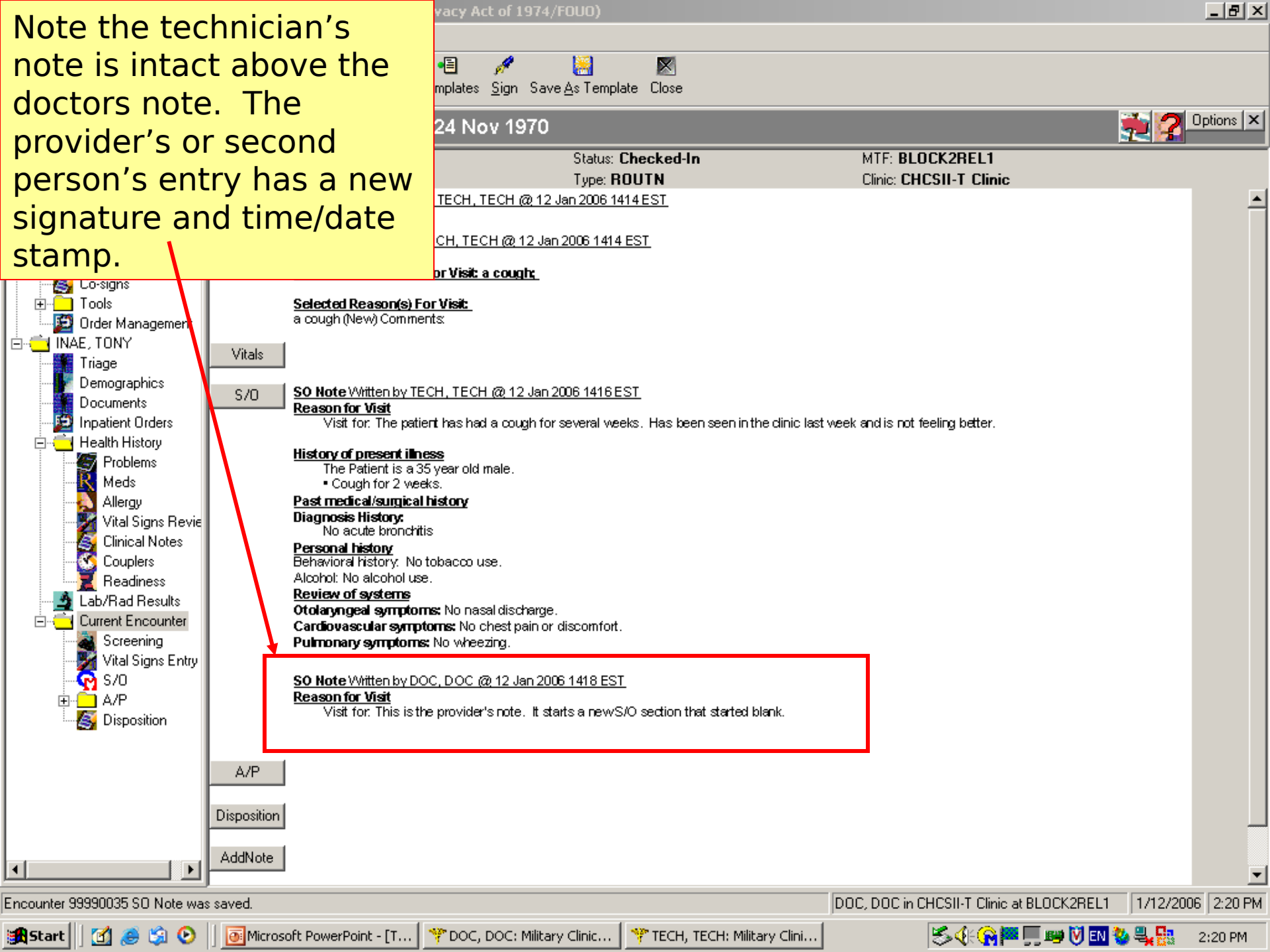
Note:

What the tech/nurse enters will be discussed later. However, there are a number of options depending on the clinical need: a default template, designated clinic template, specific AIM form. The team needs to understand and agree on the work process.

The provider or second person clicks the S/O Button, and this is the window presented. If the provider wants to just add an additional entry to the note, then the provider should click, 'New Note'.



Note the technician's note is intact above the doctors note. The provider's or second person's entry has a new signature and time/date stamp.



Scenario 2
(aka ‘Edit-No-Yes’ Method)

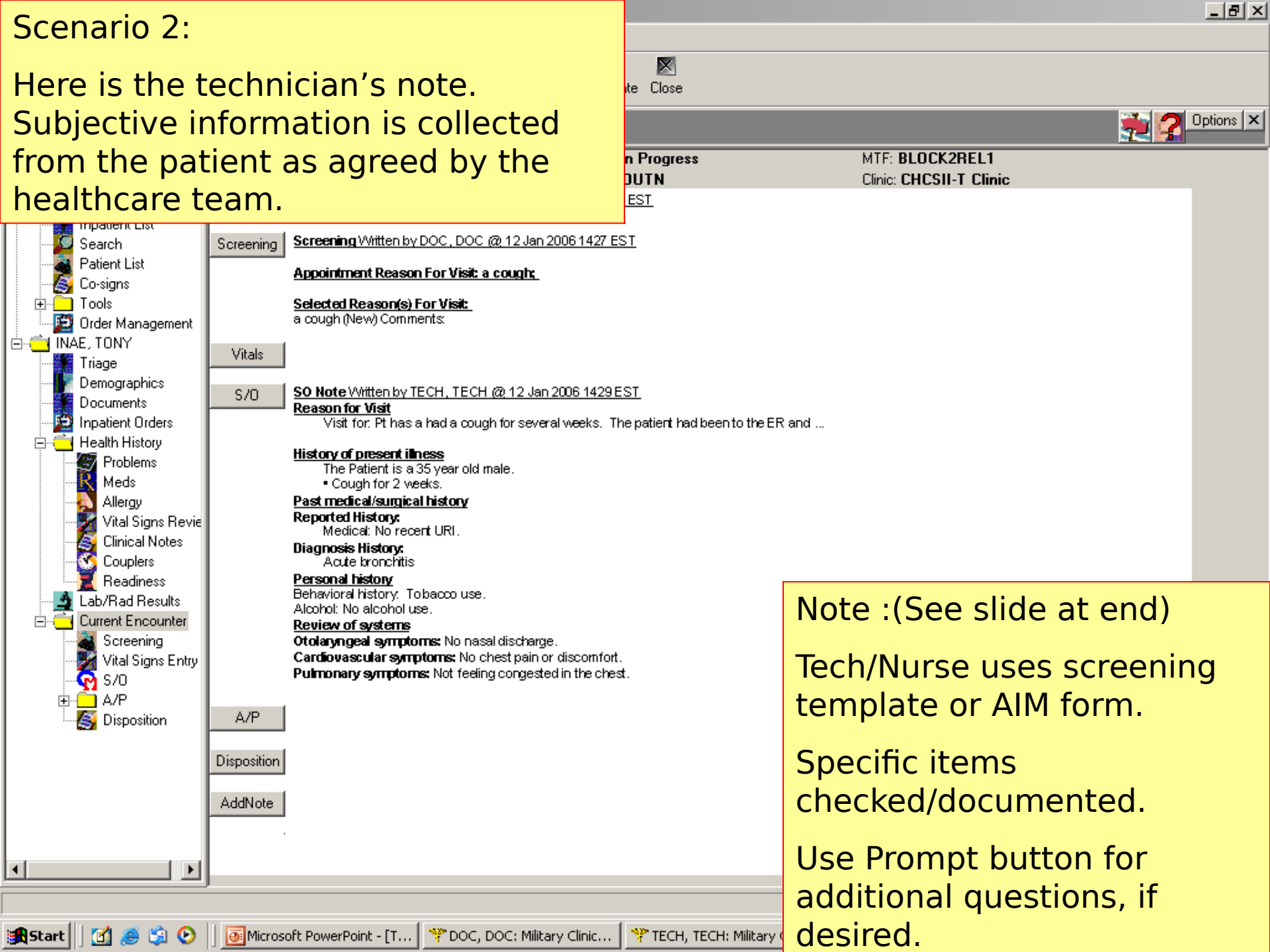
- OUTCOME – Provider wants to start with the data/information that the Tech/Nurse has gathered. Provider takes over the tech/nurses note, edits it, and the tech/nursing note shows up at the bottom of the page (for auditing purposes).

- Tech/Nurse documents **initial data** and an **initial note** is generated.
- Provider assumes responsible for the encounter and completes the encounter with a single time data stamp. This makes a more legible note for the next person to read.

- Use Case: Typical Office Visit *(at least the start of one).*

Scenario 2:

Here is the technician's note. Subjective information is collected from the patient as agreed by the healthcare team.



Note :(See slide at end)

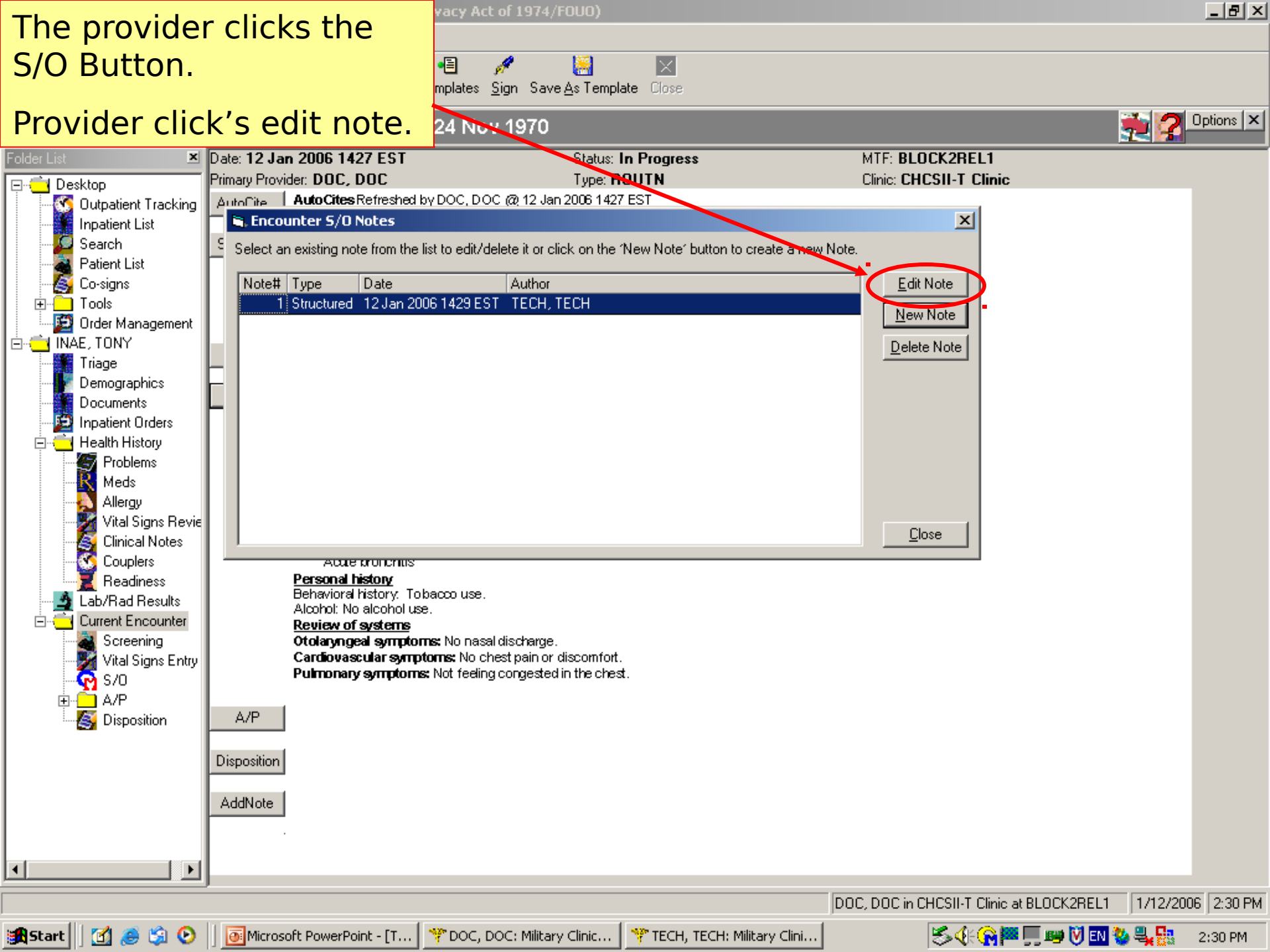
Tech/Nurse uses screening template or AIM form.

Specific items checked/documented.

Use Prompt button for additional questions, if desired.

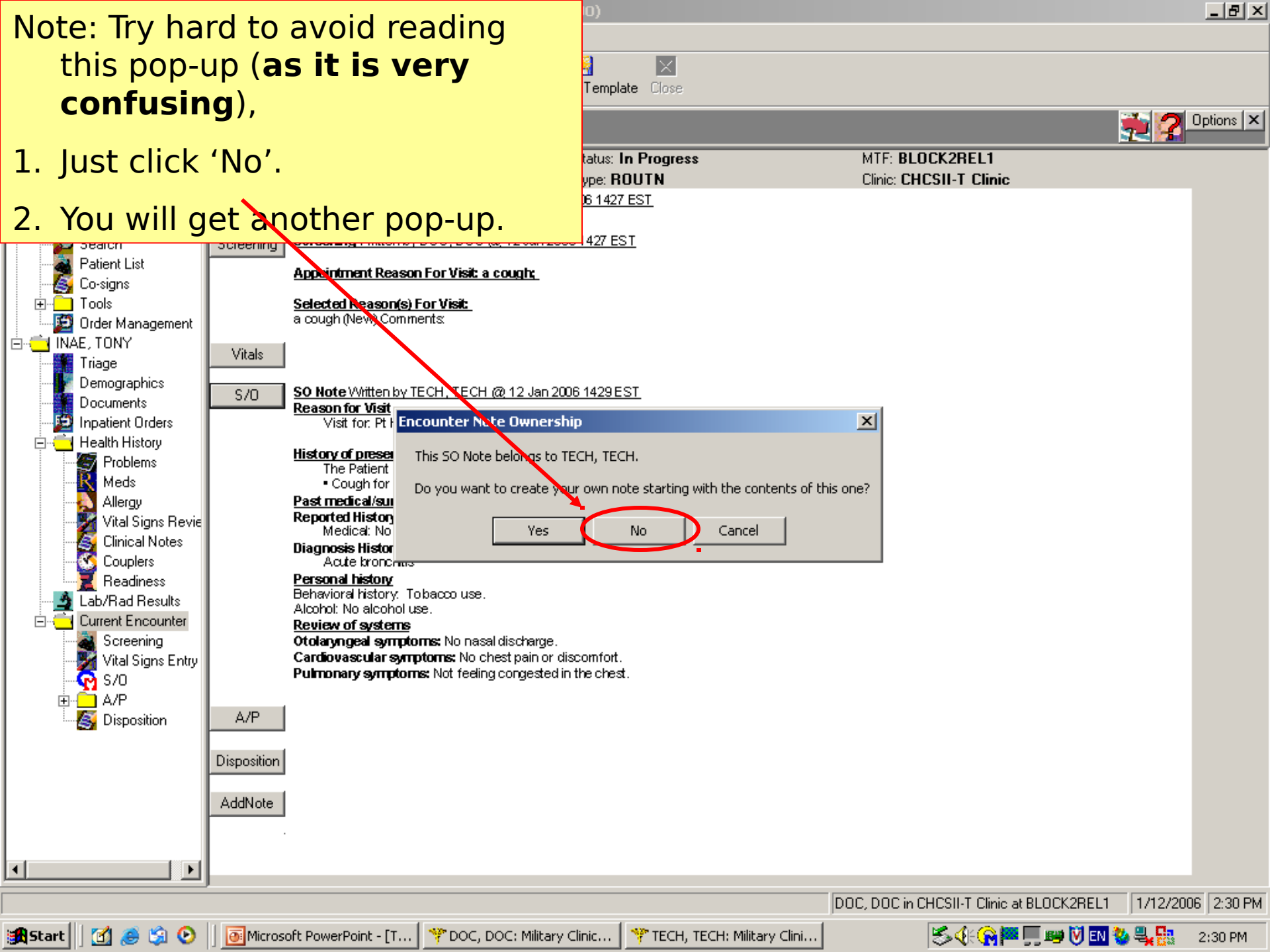
The provider clicks the S/O Button.

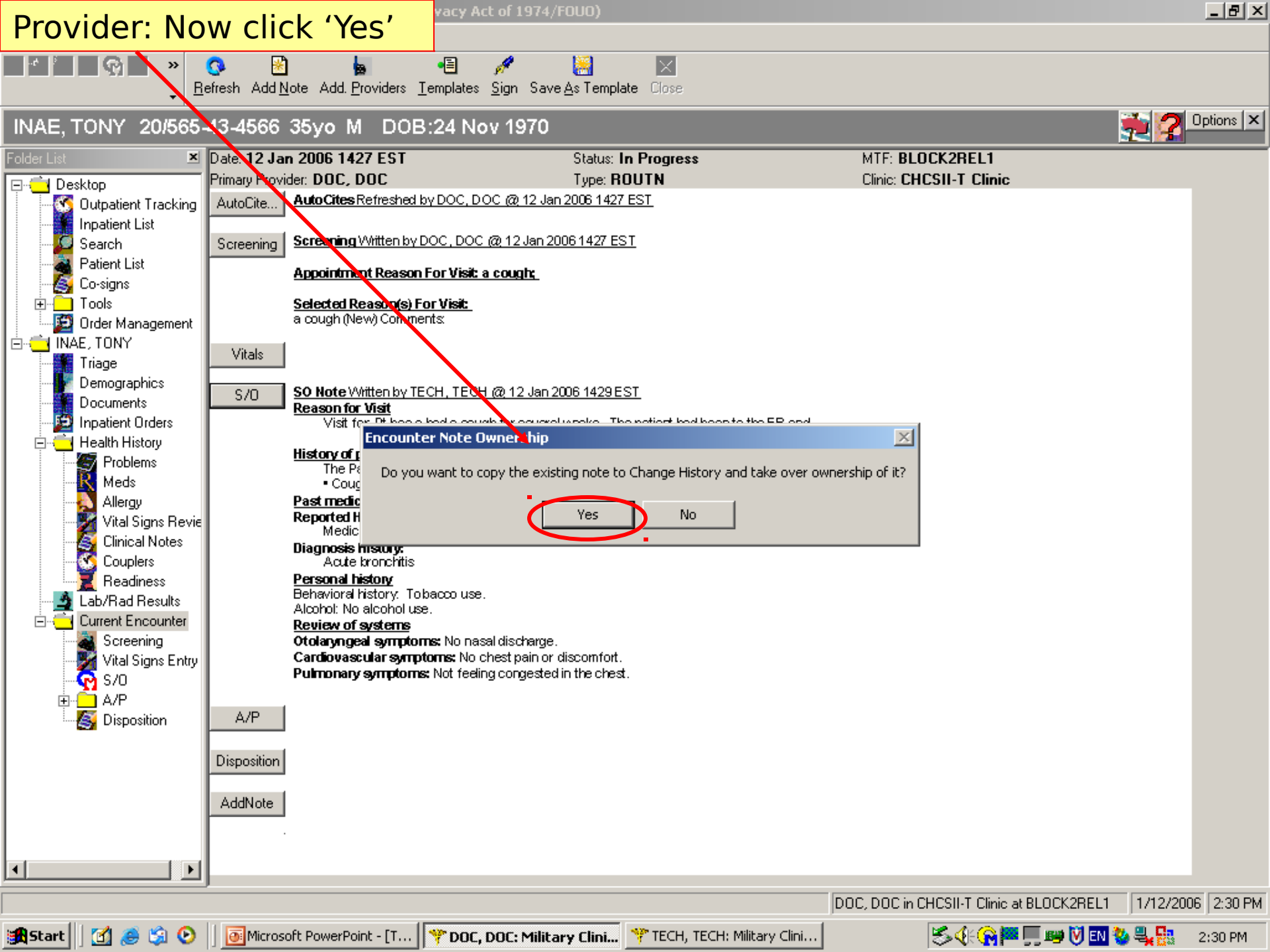
Provider click's edit note.



Note: Try hard to avoid reading this pop-up (**as it is very confusing**),

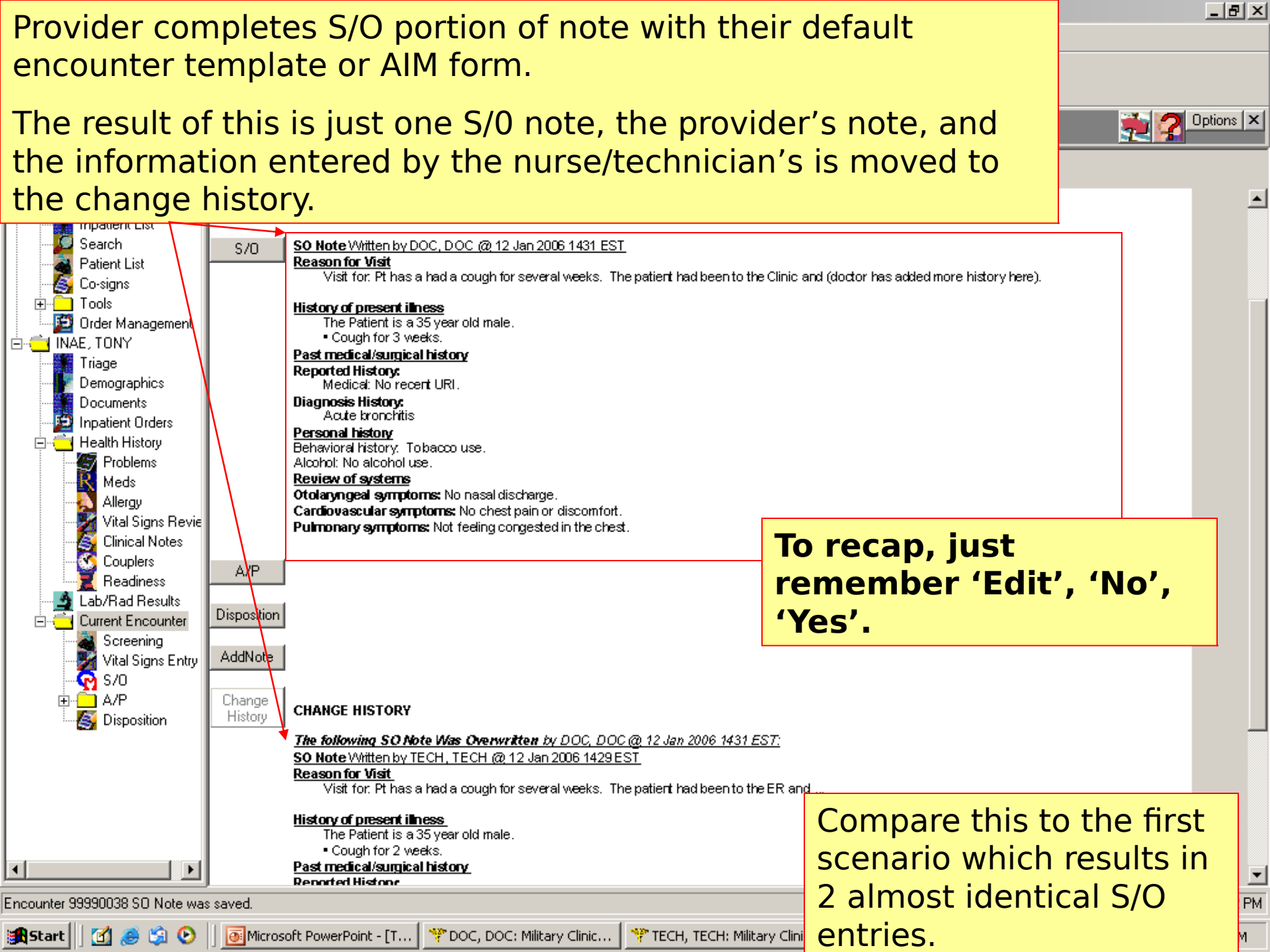
1. Just click ‘No’.
2. You will get another pop-up.




Provider: Now click 'Yes'
Refresh
Add Note
Add. Providers
Templates
Sign
Save As Template
Close
INAE, TONY 20/565-13-4566 35yo M DOB:24 Nov 1970
Options
Folder List
Desktop
Outpatient Tracking
Inpatient List
Search
Patient List
Co-signs
Tools
Order Management
INAE, TONY
Triage
Demographics
Documents
Inpatient Orders
Health History
Problems
Meds
Allergy
Vital Signs Revie
Clinical Notes
Couplers
Readiness
Lab/Rad Results
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Date: 12 Jan 2006 1427 EST
Status: In Progress
MTF: BLOCK2REL1
Primary Provider: DOC, DOC
Type: ROUTN
Clinic: CHCSII-T Clinic
AutoCite...
AutoCites Refreshed by DOC, DOC @ 12 Jan 2006 1427 EST
Screening
Screening Written by DOC, DOC @ 12 Jan 2006 1427 EST
Appointment Reason For Visit: a cough;
Selected Reason(s) For Visit:
a cough (New) Comments:
Vitals
S/O
SO Note Written by TECH, TECH @ 12 Jan 2006 1429 EST
Reason for Visit
Encounter Note Ownership
Do you want to copy the existing note to Change History and take over ownership of it?
Yes
No
Diagnosis history:
Acute bronchitis
Personal history
Behavioral history: Tobacco use.
Alcohol: No alcohol use.
Review of systems
Otolaryngeal symptoms: No nasal discharge.
Cardiovascular symptoms: No chest pain or discomfort.
Pulmonary symptoms: Not feeling congested in the chest.
A/P
Disposition
AddNote
DOC, DOC in CHCSII-T Clinic at BLOCK2REL1
1/12/2006
2:30 PM
Start
Microsoft PowerPoint - [T...
DOC, DOC: Military Clini...
TECH, TECH: Military Clini...
2:30 PM

Provider completes S/O portion of note with their default encounter template or AIM form.

The result of this is just one S/0 note, the provider's note, and the information entered by the nurse/technician's is moved to the change history.



To recap, just remember 'Edit', 'No', 'Yes'.

Compare this to the first scenario which results in 2 almost identical S/O entries.

Recommended Clinic Workflow

- Set User Preferences/Defaults
- Establish clinic favorite list
- Establish SOP or agreement on what screeners will document.
- Screener should limit or not use the free text comment box in screening tab. Information should be placed in note for use by provider.
- Use Team documentation. (The extra time spent reviewing existing notes will speed not slow the clinic)
- Everyone adds to CPTs as appropriate.
- Check 99211 visits in against provider, nursing staff compete documentation and provider ONLY reviews and sign. Note: Check with coders to see what visits are a 99211 in your clinic and do not require the provider to see.

Recommended Provider Encounter Workflow

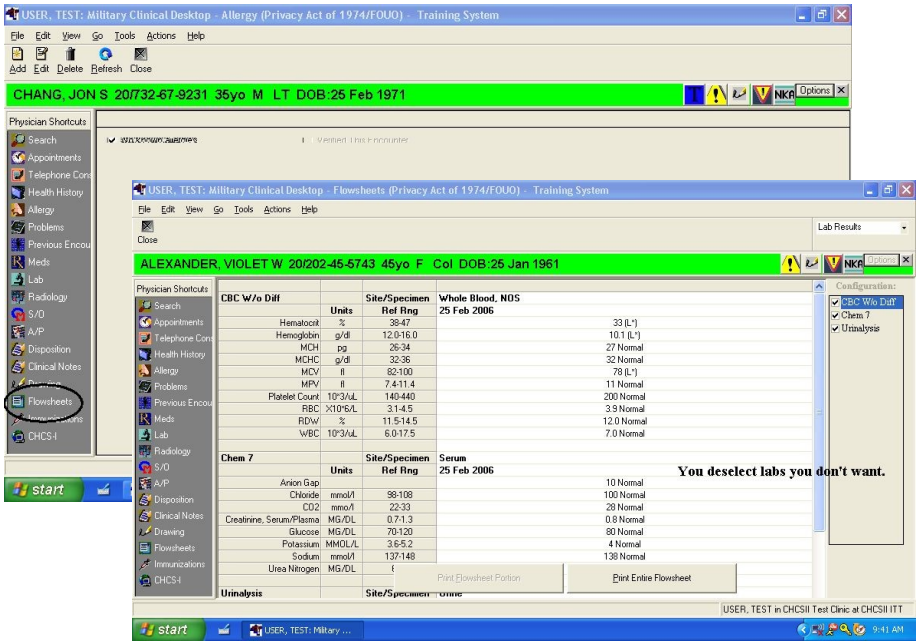
- Before Clinic (one time investment)
  - Set User Preferences/Defaults
  - Establish clinic favorites DX and CPT (only the most common)
  - Create personal default template (can be clinic or MTF specific)
- Team Documentation – Same Template or Clinic
- Enter room greet pt, open appointment, read screening entry and click HHM
- Take history and do exam (Most people will not write note while taking history)
- Complete A/P with patient in room (limit A/P jumps)
- Dx, orders, and Instructions reviewed with patient – Pt Leaves
- EDIT-No-Yes to take over screening note THEN write note with default template
- Augment default template with DxPrompt (if needed) to complete note
- Remember to put positive ROS into HPI (using flip button)
- Disposition and Sign with a cup of coffee

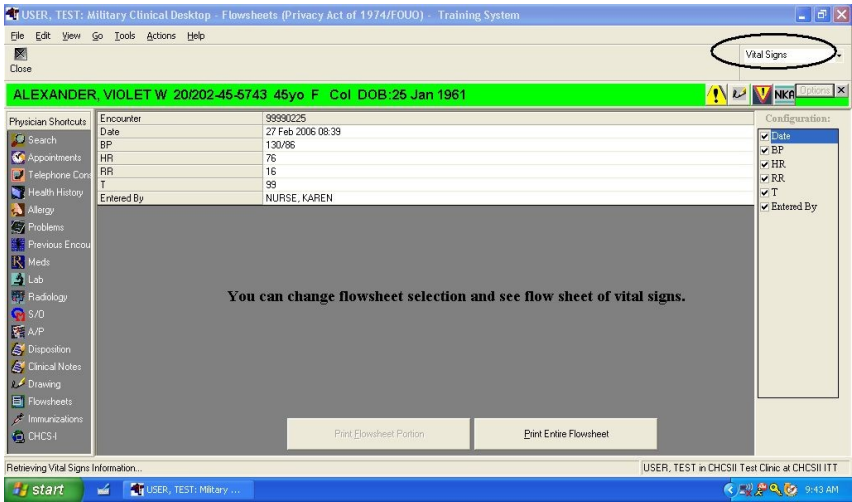
DxPrompt

- Accessible in template mode only (not from AIM form except in “Note View” mode)
- Click ICON and type in diagnosis
- MEDCIN will give you common terms for the diagnosis in each area of the note. It will show you what has already been Selected
- Consider using when diagnosis is not covered by your personal default template

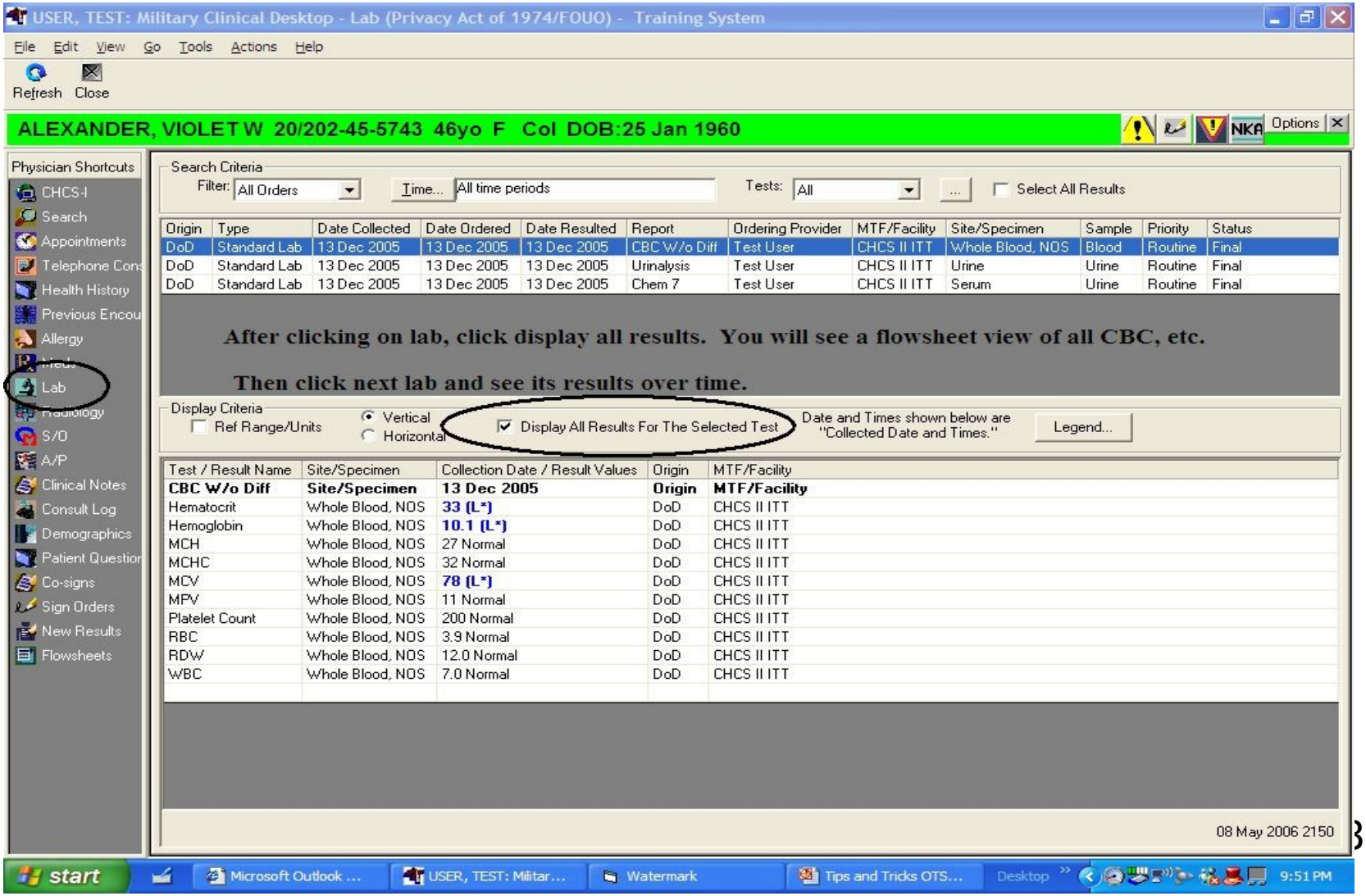
Flow Sheet

- Can be used to review all current labs
- Micro labs, UA etc tend to fill the screen and should be taken off.
- Micro labs best viewed in lab module
- In Lab module using select all will give lab flow sheet in lab (next slide)


USER, TEST: Military Clinical Desktop - Allergy (Privacy Act of 1974/FOUO) - Training System
CHANG, JON S 20/732-67-9231 35yo M LT DOB:25 Feb 1971
USER, TEST: Military Clinical Desktop - Flowsheets (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
You deselect labs you don't want.
Print Flowsheet Portion
Print Entire Flowsheet


USER, TEST: Military Clinical Desktop - Flowsheets (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
You can change flowsheet selection and see flow sheet of vital signs.
Print Flowsheet Portion
Print Entire Flowsheet

Lab Module
Flowsheet View


USER, TEST: Military Clinical Desktop - Lab (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Refresh Close
ALEXANDER, VIOLET W 20/202-45-5743 46yo F Col DOB:25 Jan 1960
Options
Physician Shortcuts
CHCS-I
Search
Appointments
Telephone Cons
Health History
Previous Encou
Allergy
Lab
Radiology
S/O
A/P
Clinical Notes
Consult Log
Demographics
Patient Questior
Co-signs
Sign Orders
New Results
Flowsheets
Search Criteria
Filter: All Orders
Time... All time periods
Tests: All
Select All Results
Origin Type Date Collected Date Ordered Date Resulted Report Ordering Provider MTF/Facility Site/Specimen Sample Priority Status
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 CBC W/o Diff Test User CHCS II ITT Whole Blood, NOS Blood Routine Final
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 Urinalysis Test User CHCS II ITT Urine Urine Routine Final
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 Chem 7 Test User CHCS II ITT Serum Urine Routine Final
After clicking on lab, click display all results. You will see a flowsheet view of all CBC, etc.
Then click next lab and see its results over time.
Display Criteria
Ref Range/Units
Vertical
Horizontal
Display All Results For The Selected Test
Date and Times shown below are "Collected Date and Times."
Legend...
Test / Result Name Site/Specimen Collection Date / Result Values Origin MTF/Facility
CBC W/o Diff Site/Specimen 13 Dec 2005 Origin MTF/Facility
Hematocrit Whole Blood, NOS 33 (L*) DoD CHCS II ITT
Hemoglobin Whole Blood, NOS 10.1 (L*) DoD CHCS II ITT
MCH Whole Blood, NOS 27 Normal DoD CHCS II ITT
MCHC Whole Blood, NOS 32 Normal DoD CHCS II ITT
MCV Whole Blood, NOS 78 (L*) DoD CHCS II ITT
MPV Whole Blood, NOS 11 Normal DoD CHCS II ITT
Platelet Count Whole Blood, NOS 200 Normal DoD CHCS II ITT
RBC Whole Blood, NOS 3.9 Normal DoD CHCS II ITT
RDW Whole Blood, NOS 12.0 Normal DoD CHCS II ITT
WBC Whole Blood, NOS 7.0 Normal DoD CHCS II ITT
08 May 2006 2150
start
Microsoft Outlook ...
USER, TEST: Militar...
Watermark
Tips and Tricks OTS...
Desktop
9:51 PM

Top Reasons EUD Performance Issues: That MTF can Control

1. User settings
2. Number of clinics where the user is mapped
3. Spyware/other non-work related software
4. Incorrect version of AHLTA
5. Extraneous running software (Music, email, etc)
6. User perception (workflow)
7. *Network issues*

Documentation

1. Review information entered by the support staff.
2. Interview / examine the patient and have a working diagnosis in mind.
3. Complete the A/P section (not necessarily S/O while patient is in room) use a default encounter template or specific S/O template.
   - Use patient problem list for previous diagnosis
   - Enter new diagnosis and procedures
   - Submit meds, labs, rads, and other therapies
   - Add Free text in comment / plan area as needed (You can complete the note later from memory)
4. Start S/O as time permits - use the default template and/or a specific AIM or S/O template
5. Use DxPrompt in the S/O view. This will present MEDCIN terms relating to the diagnosis you are searching for.
6. Disposition / Sign encounter

Use a Specific Strategy for "Subjective" S/O

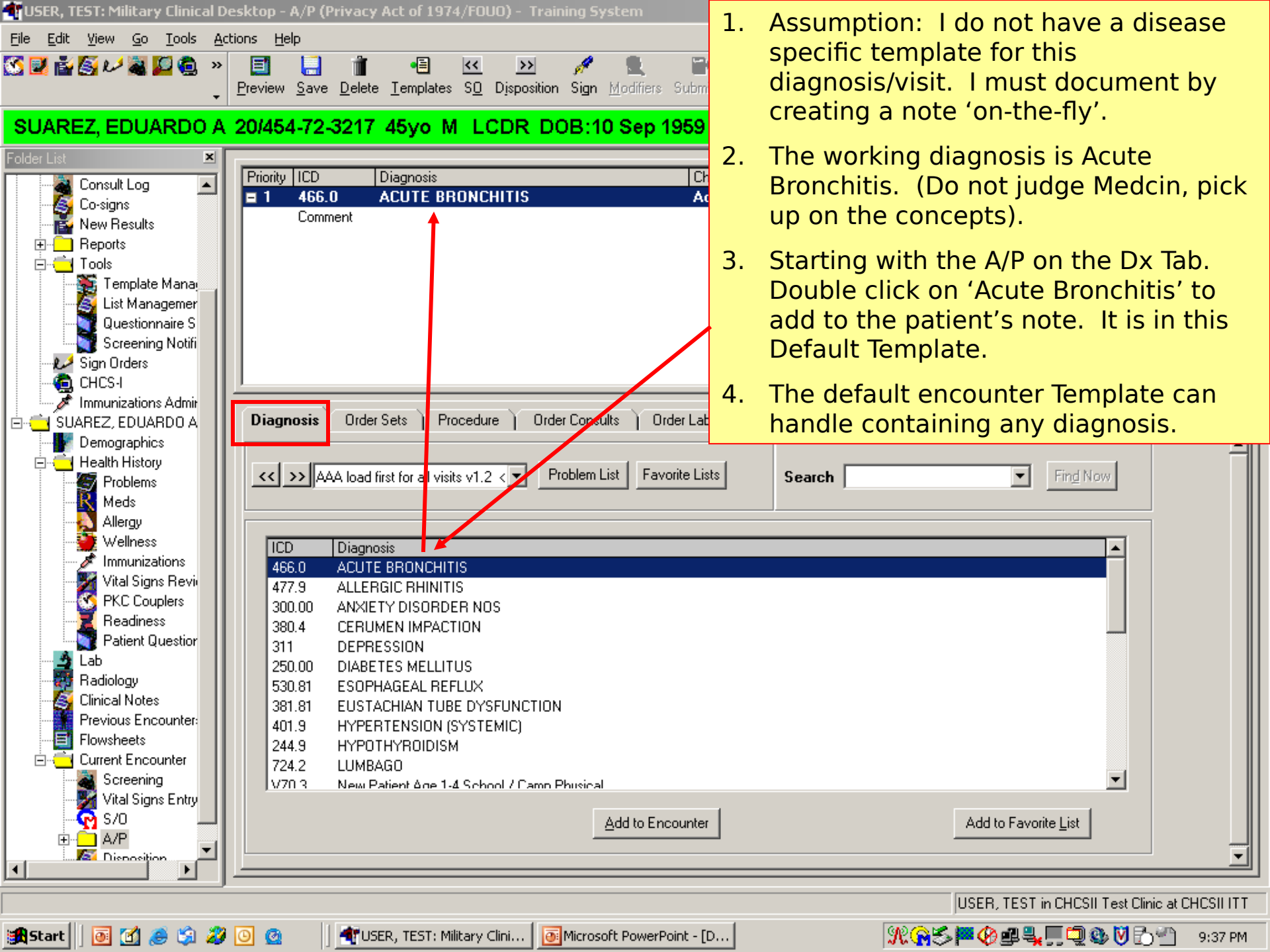
- **Important**: Exhaust full use of your S/O Template.
- HPI
  - Accept tech/nurse data entry and modify – "a.k.a EDIT –NO – Yes
  - Consider, clicking 'Visit For' and free text the history purposely trying to omit any symptoms (as symptoms are best entered using MEDCIN term for a multitude of reasons).
- PMH tab
  - Check anything pertinent and detail with free text as needed.
  - Edit Tech/Nurse note if applicable and needed
- ROS **(very important)**
  - **Positive Terms**
    - Click positive (+) symptoms first from your default template
    - Add free text as needed, click the 'HPI/ROS' button to flip it up to the HPI section
    - Add modifier such indicating the duration as appropriate
  - **Negative Terms**
    - Click on any negative (-) ROS symptoms in your default list 'without flipping'
    - This places positive finding in HPI and negative ROS. Gives ease of reading and supports coding needs.
    - If you know your template well, you can use the AUTONEG function after placing the positive finding in HPI

Use a Specific Strategy for "Objective" S/O

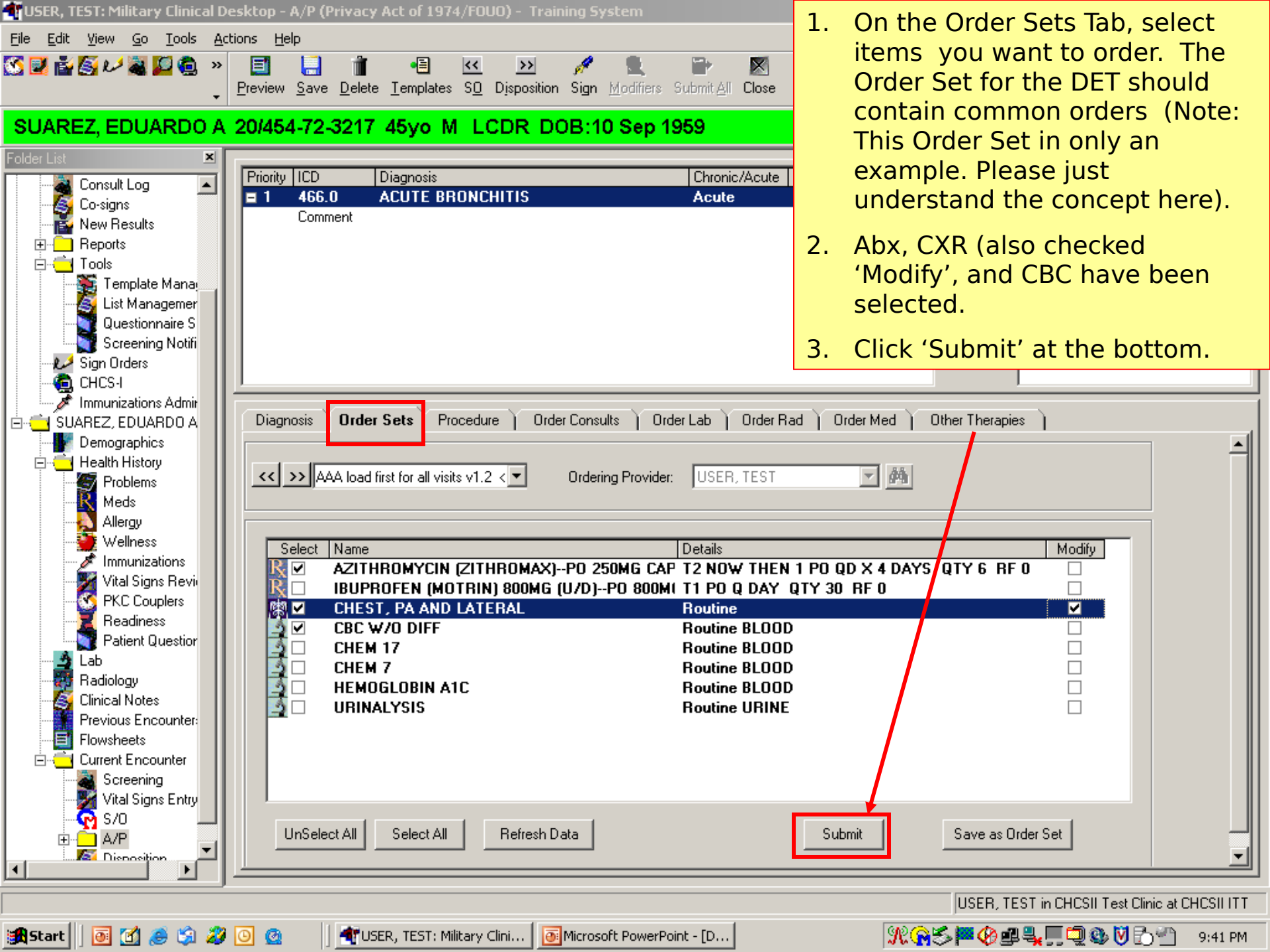
- PE tab (click)
  - Include VITAL Signs Reviewed (coding item) and Alert, oriented, etc (things we do but never document)
  - Organ systems
    - Add/Check basic terms you usually do to exam each organ system
    - Add free text as needed.
    - Check exam items (note: avoid only the parent organ system in PE, it has no coding impact) such as looked into the ears, felt the neck, heart auscultation, murmur, lung wheezing, joint ROM
  - Note: Items may or may not pertain specifically to the disease process the patient is here for but it is what you did.
- **Dx Prompt** button
  - Enter working diagnosis (may already be entered in A/P) and search
  - The system will automatically bring back related symptom, PMH, PE exam findings related to that specific disease. Expand '**List Size'** to 2 or 3, if more related terms are needed.
- Review the HPI, PMH, PE tabs once again, adding the disease specific items to your note.
  - The Dx Prompt does not display terms you have already checked, and does not display the Alert/Oriented terms. Doing this first saves coding time).

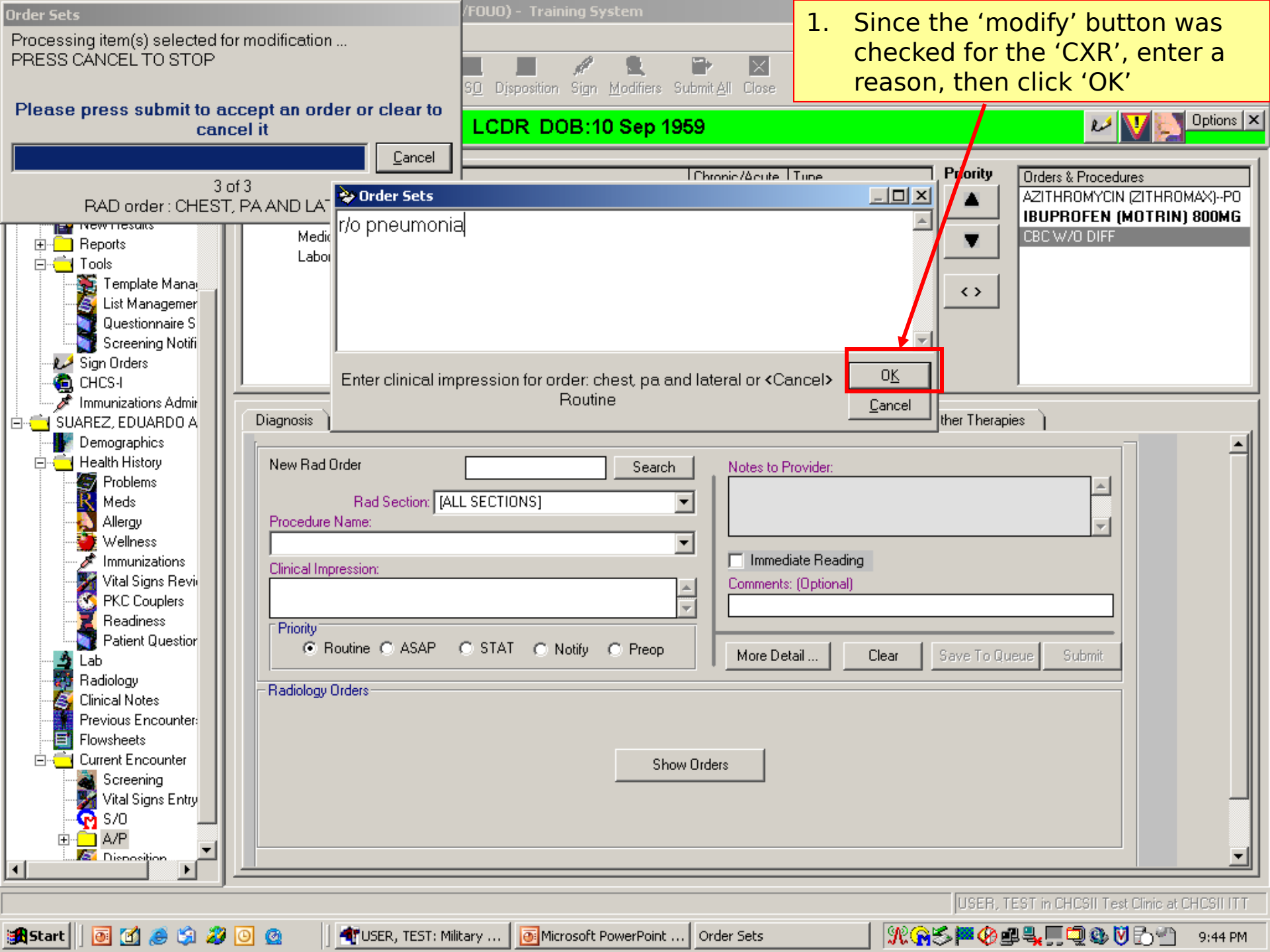
Completing the Note

- Free text anything remaining that you don't have a MEDCIN term at hand.
- Don't get frustrated with a note, look for terms to add to your default template when you run across them (Dx Prompt) or search later to add.
- This process will provide enough structured terms for E/M coding
- Go to Disposition (if the A/P has been completed)
  - Check service type
    - Outpatient vs. Consult vs. Prev/Eval
    - PT/OT/Social work, optometry, RN and other give 99499 E/M)
  - Patient status (Established vs. New)
- Sign as time permits or at end of clinic.



1. Assumption: I do not have a disease specific template for this diagnosis/visit. I must document by creating a note 'on-the-fly'.
2. The working diagnosis is Acute Bronchitis. (Do not judge Medcin, pick up on the concepts).
3. Starting with the A/P on the Dx Tab. Double click on 'Acute Bronchitis' to add to the patient's note. It is in this Default Template.
4. The default encounter Template can handle containing any diagnosis.


1. On the Order Sets Tab, select items you want to order. The Order Set for the DET should contain common orders (Note: This Order Set in only an example. Please just understand the concept here).
2. Abx, CXR (also checked 'Modify', and CBC have been selected.
3. Click 'Submit' at the bottom.
USER, TEST: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Priority ICD Diagnosis Chronic/Acute
1 466.0 ACUTE BRONCHITIS Acute
Comment
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
AAA load first for all visits v1.2
Ordering Provider: USER, TEST
Select Name Details Modify
AZITHROMYCIN (ZITHROMAX)--PO 250MG CAP T2 NOW THEN 1 PO QD X 4 DAYS QTY 6 RF 0
IBUPROFEN (MOTRIN) 800MG (U/D)--PO 800MI T1 PO Q DAY QTY 30 RF 0
CHEST, PA AND LATERAL Routine
CBC W/O DIFF Routine BLOOD
CHEM 17 Routine BLOOD
CHEM 7 Routine BLOOD
HEMOGLOBIN A1C Routine BLOOD
URINALYSIS Routine URINE
UnSelect All
Select All
Refresh Data
Submit
Save as Order Set
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:41 PM


1. Since the 'modify' button was checked for the 'CXR', enter a reason, then click 'OK'
Order Sets
Processing item(s) selected for modification ...
PRESS CANCEL TO STOP
Please press submit to accept an order or clear to cancel it
Cancel
3 of 3
RAD order : CHEST, PA AND LA
/FOUO) - Training System
SO
Disposition
Sign
Modifiers
Submit All
Close
LCDR DOB:10 Sep 1959
Options
Order Sets
r/o pneumonia
Enter clinical impression for order: chest, pa and lateral or <Cancel>
Routine
OK
Cancel
Priority
Orders & Procedures
AZITHROMYCIN (ZITHROMAX)--PO
IBUPROFEN (MOTRIN) 800MG
CBC W/O DIFF
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
Sign Orders
CHCS-I
Immunizations Admir
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
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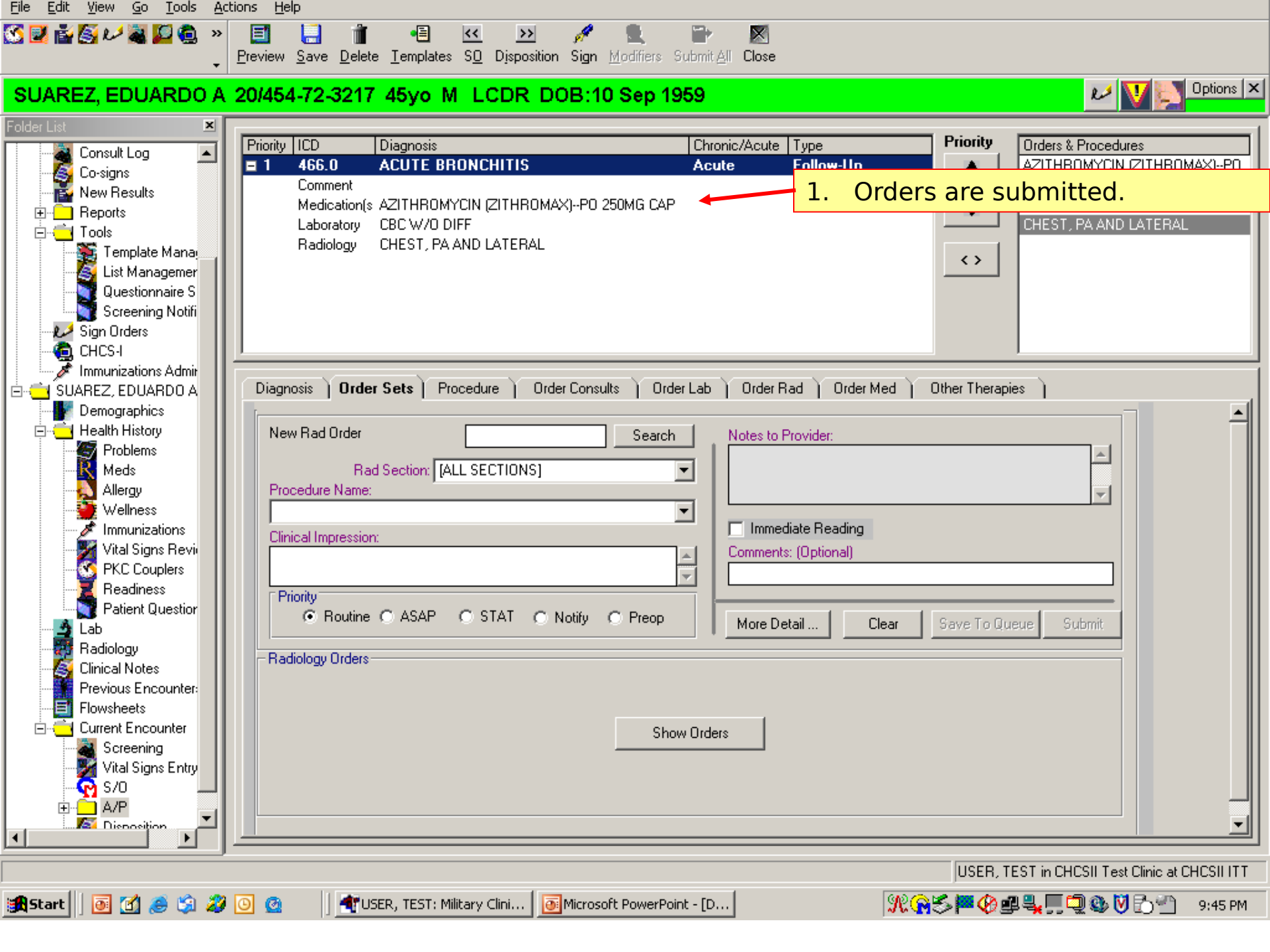
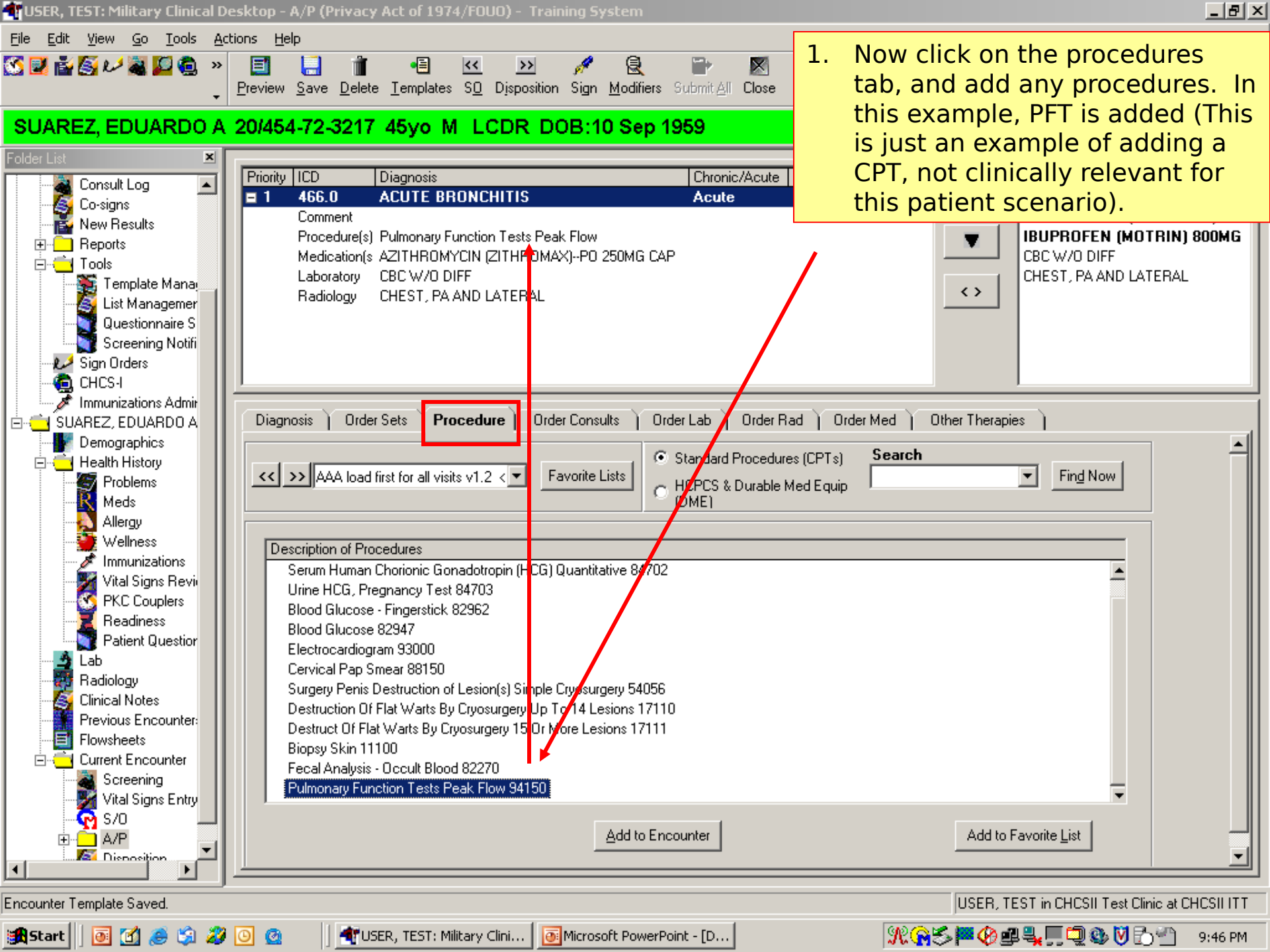
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Diagnosis
ther Therapies
New Rad Order
Search
Rad Section: [ALL SECTIONS]
Procedure Name:
Clinical Impression:
Priority
Routine ASAP STAT Notify Preop
Notes to Provider:
Immediate Reading
Comments: (Optional)
More Detail ...
Clear
Save To Queue
Submit
Radiology Orders
Show Orders
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military ...
Microsoft PowerPoint ...
Order Sets
9:44 PM


File Edit View Go Tools Actions Help
Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
Sign Orders
CHCS-I
Immunizations Admir
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Priority ICD Diagnosis Chronic/Acute Type
1 466.0 ACUTE BRONCHITIS Acute Follow-Up
Comment
Medication(s AZITHROMYCIN (ZITHROMAX)--PO 250MG CAP
Laboratory CBC W/O DIFF
Radiology CHEST, PA AND LATERAL
Priority
Orders & Procedures
AZITHROMYCIN (ZITHROMAX)--PO
CHEST, PA AND LATERAL
1. Orders are submitted.
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
New Rad Order
Search
Rad Section: [ALL SECTIONS]
Procedure Name:
Clinical Impression:
Priority
Routine ASAP STAT Notify Preop
Notes to Provider:
Immediate Reading
Comments: (Optional)
More Detail ... Clear Save To Queue Submit
Radiology Orders
Show Orders
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:45 PM


USER, TEST: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
1. Now click on the procedures tab, and add any procedures. In this example, PFT is added (This is just an example of adding a CPT, not clinically relevant for this patient scenario).
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
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SUAREZ, EDUARDO A
Demographics
Health History
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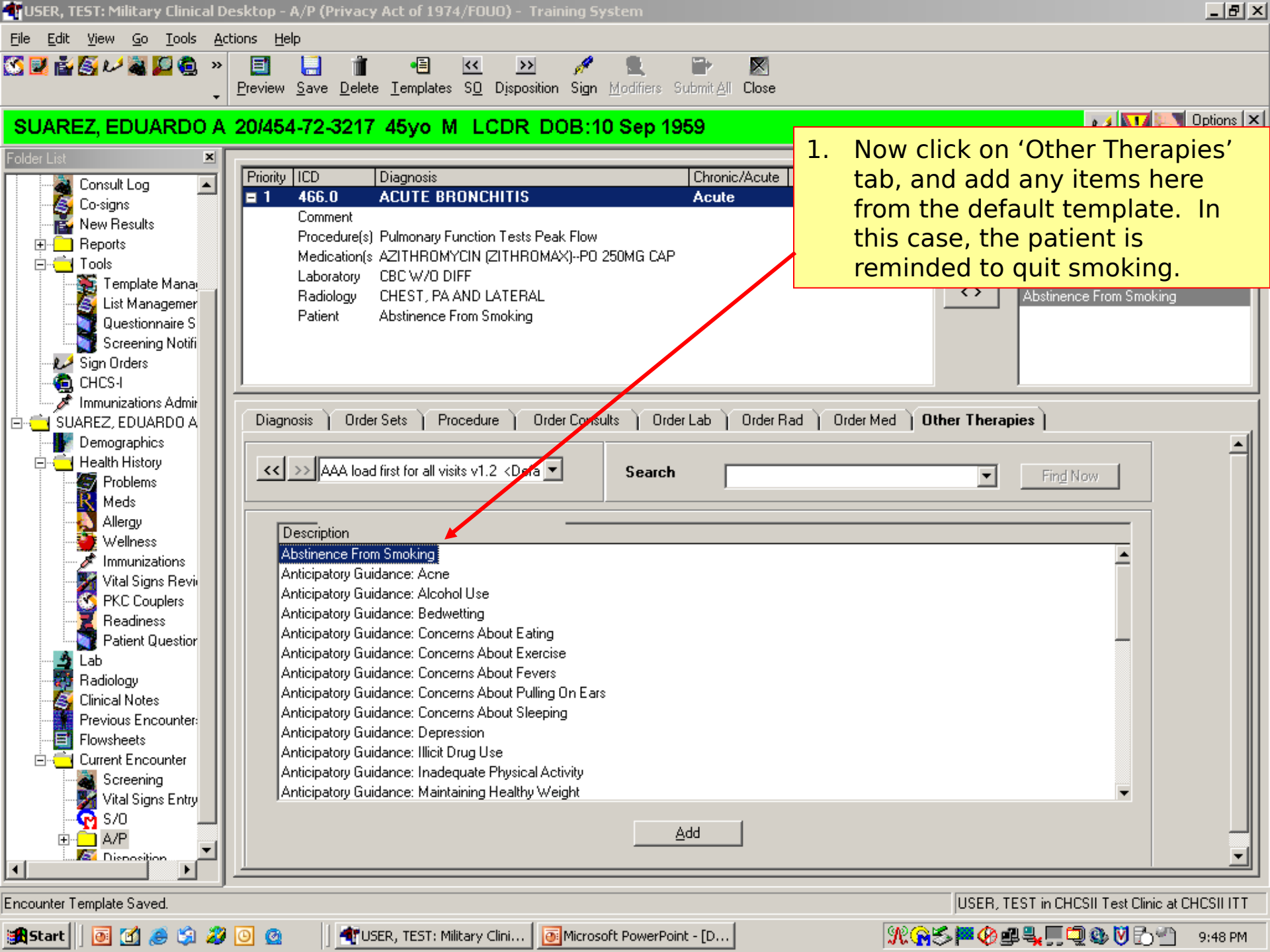
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Priority ICD Diagnosis Chronic/Acute
1 466.0 ACUTE BRONCHITIS Acute
Comment
Procedure(s) Pulmonary Function Tests Peak Flow
Medication(s AZITHROMYCIN (ZITHROMAX)--PO 250MG CAP
Laboratory CBC W/O DIFF
Radiology CHEST, PA AND LATERAL
IBUPROFEN (MOTRIN) 800MG
CBC W/O DIFF
CHEST, PA AND LATERAL
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
AAA load first for all visits v1.2
Favorite Lists
Standard Procedures (CPTs)
HCPCS & Durable Med Equip (DME)
Search
Find Now
Description of Procedures
Serum Human Chorionic Gonadotropin (HCG) Quantitative 84702
Urine HCG, Pregnancy Test 84703
Blood Glucose - Fingerstick 82962
Blood Glucose 82947
Electrocardiogram 93000
Cervical Pap Smear 88150
Surgery Penis Destruction of Lesion(s) Simple Cryosurgery 54056
Destruction Of Flat Warts By Cryosurgery Up To 14 Lesions 17110
Destruct Of Flat Warts By Cryosurgery 15 Or More Lesions 17111
Biopsy Skin 11100
Fecal Analysis - Occult Blood 82270
Pulmonary Function Tests Peak Flow 94150
Add to Encounter
Add to Favorite List
Encounter Template Saved.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:46 PM


USER, TEST: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Preview Save Delete Templates SO Disposition Sign Modifiers Submit All Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
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List Managemer
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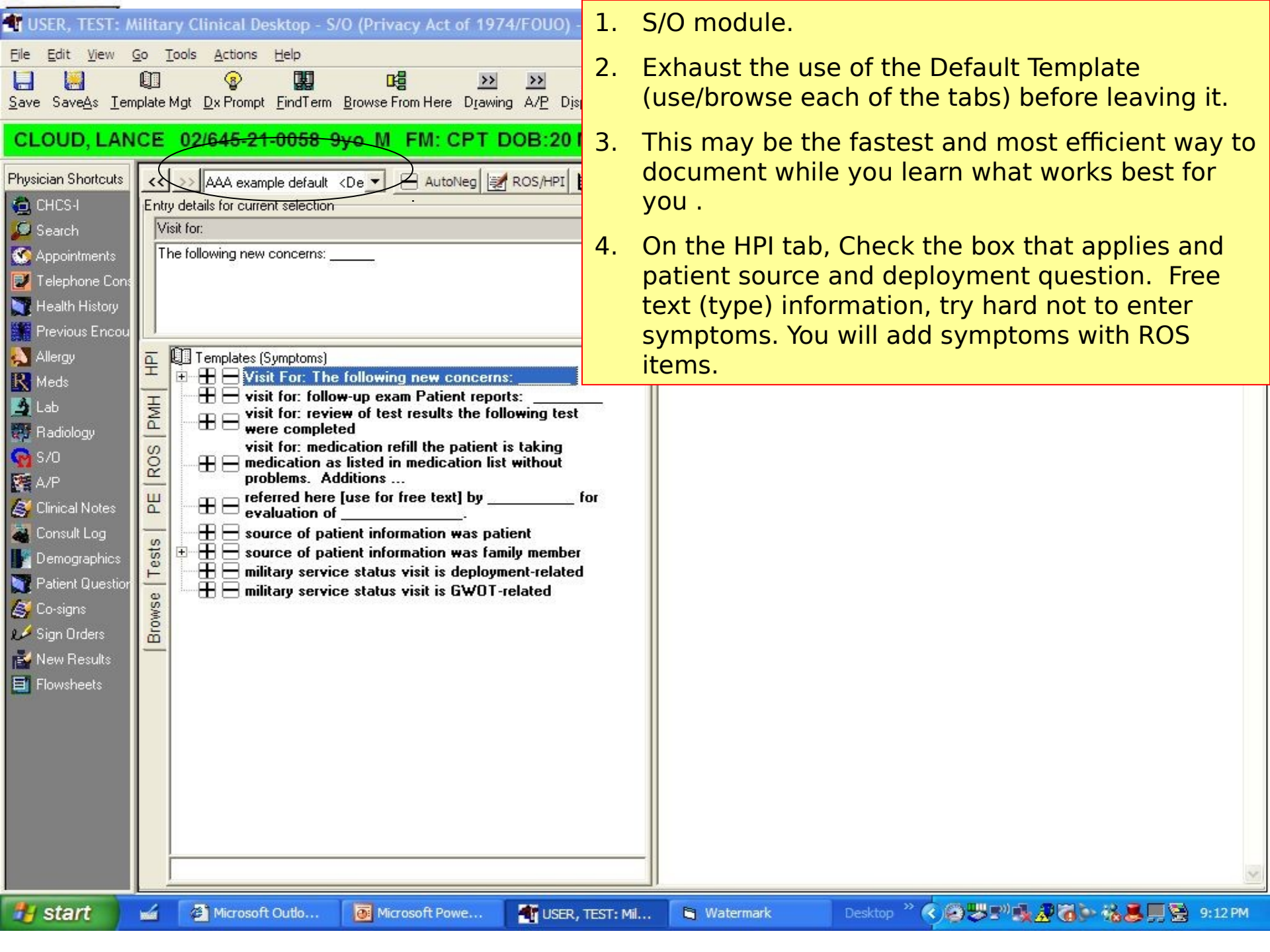
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Priority ICD Diagnosis Chronic/Acute
1 466.0 ACUTE BRONCHITIS Acute
Comment
Procedure(s) Pulmonary Function Tests Peak Flow
Medication(s AZITHROMYCIN (ZITHROMAX)--PO 250MG CAP
Laboratory CBC W/O DIFF
Radiology CHEST, PA AND LATERAL
Patient Abstinence From Smoking
Abstinence From Smoking
1. Now click on 'Other Therapies' tab, and add any items here from the default template. In this case, the patient is reminded to quit smoking.
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
AAA load first for all visits v1.2 <Defa
Search
Find Now
Description
Abstinence From Smoking
Anticipatory Guidance: Acne
Anticipatory Guidance: Alcohol Use
Anticipatory Guidance: Bedwetting
Anticipatory Guidance: Concerns About Eating
Anticipatory Guidance: Concerns About Exercise
Anticipatory Guidance: Concerns About Fevers
Anticipatory Guidance: Concerns About Pulling On Ears
Anticipatory Guidance: Concerns About Sleeping
Anticipatory Guidance: Depression
Anticipatory Guidance: Illicit Drug Use
Anticipatory Guidance: Inadequate Physical Activity
Anticipatory Guidance: Maintaining Healthy Weight
Add
Encounter Template Saved.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:48 PM

Detailed S/O Instructions

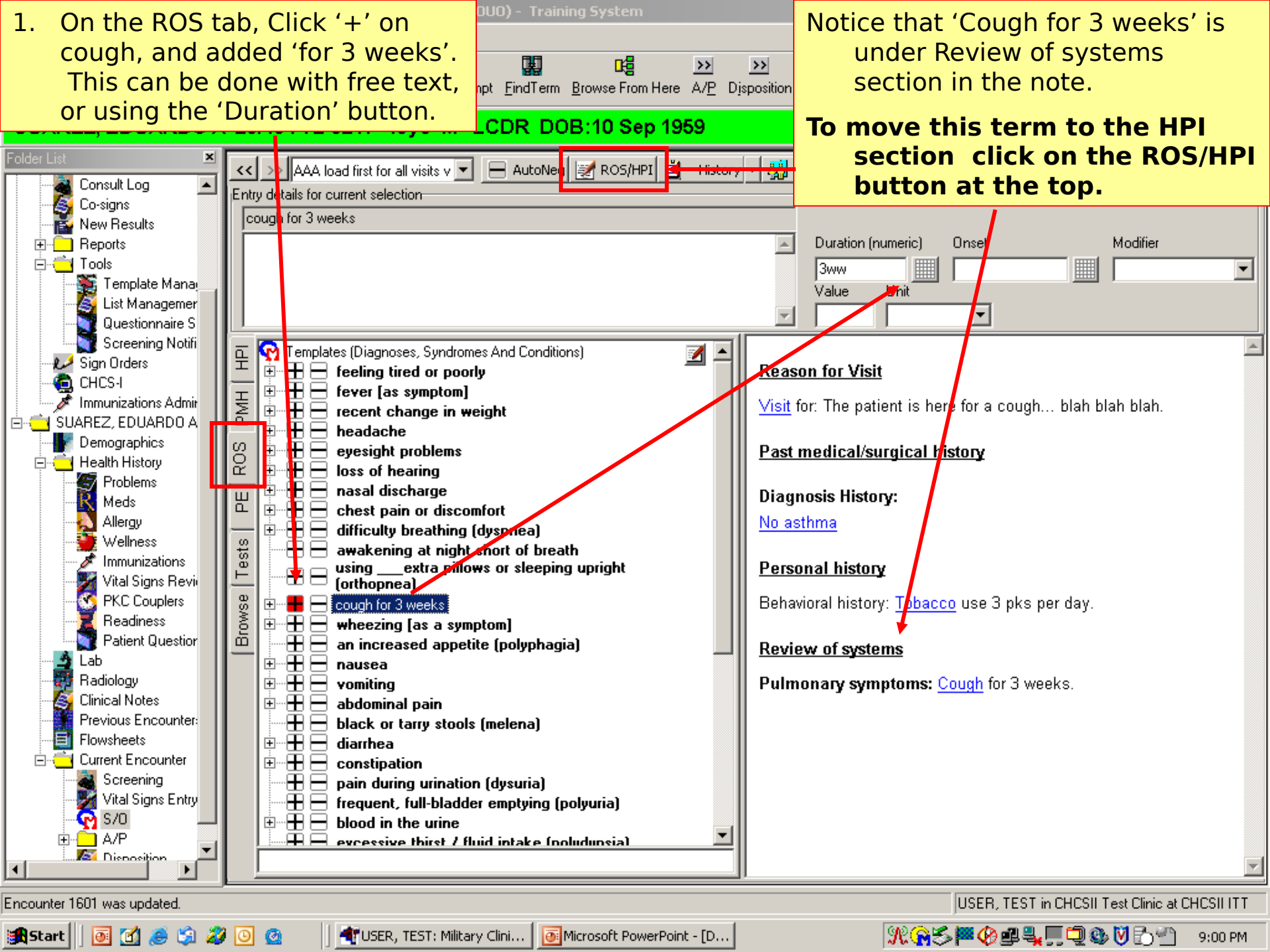


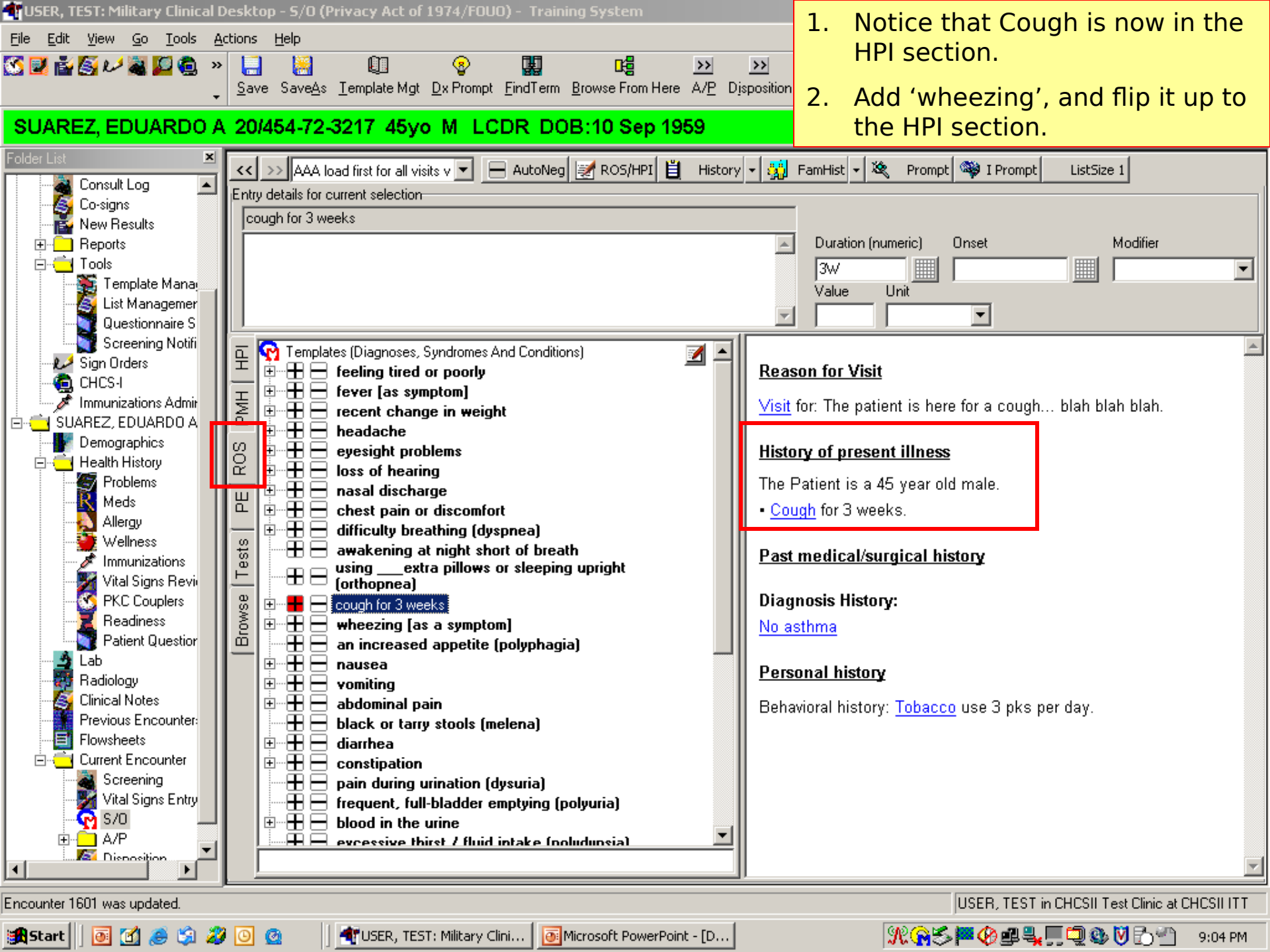
1. S/O module.
2. Exhaust the use of the Default Template (use/browse each of the tabs) before leaving it.
3. This may be the fastest and most efficient way to document while you learn what works best for you .
4. On the HPI tab, Check the box that applies and patient source and deployment question. Free text (type) information, try hard not to enter symptoms. You will add symptoms with ROS items.

1. On the ROS tab, Click '+' on cough, and added 'for 3 weeks'. This can be done with free text, or using the 'Duration' button.

Notice that 'Cough for 3 weeks' is under Review of systems section in the note.

To move this term to the HPI section click on the ROS/HPI button at the top.




1. Notice that Cough is now in the HPI section.
2. Add 'wheezing', and flip it up to the HPI section.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
Sign Orders
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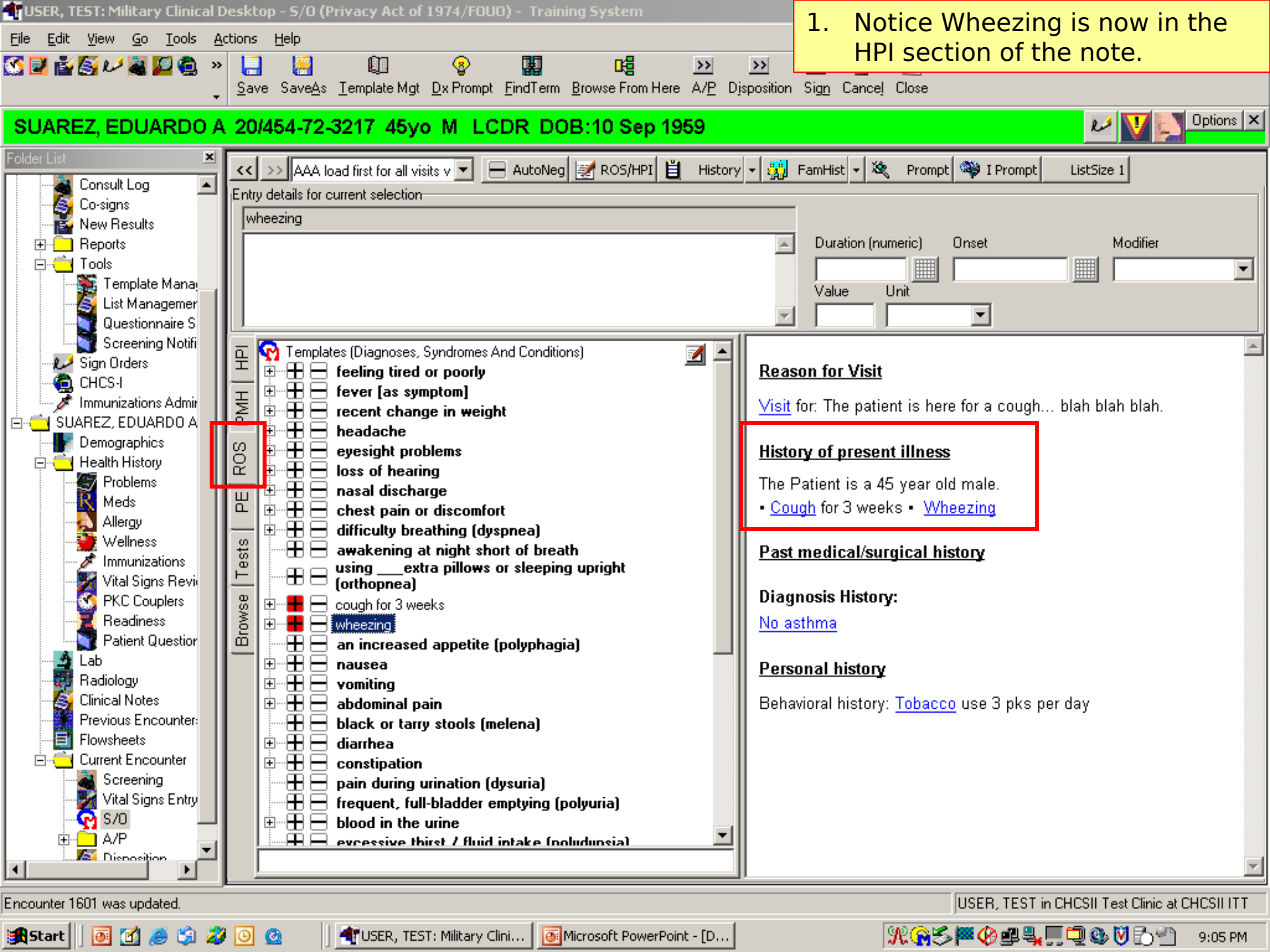
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
cough for 3 weeks
Duration (numeric)
3W
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Diagnoses, Syndromes And Conditions)
feeling tired or poorly
fever [as symptom]
recent change in weight
headache
eyesight problems
loss of hearing
nasal discharge
chest pain or discomfort
difficulty breathing (dyspnea)
awakening at night short of breath
using ___extra pillows or sleeping upright (orthopnea)
cough for 3 weeks
wheezing [as a symptom]
an increased appetite (polyphagia)
nausea
vomiting
abdominal pain
black or tarry stools (melena)
diarrhea
constipation
pain during urination (dysuria)
frequent, full-bladder emptying (polyuria)
blood in the urine
excessive thirst / fluid intake (polydipsia)
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks.
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day.
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:04 PM


1. Notice Wheezing is now in the HPI section of the note.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
Sign Orders
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Immunizations Admir
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
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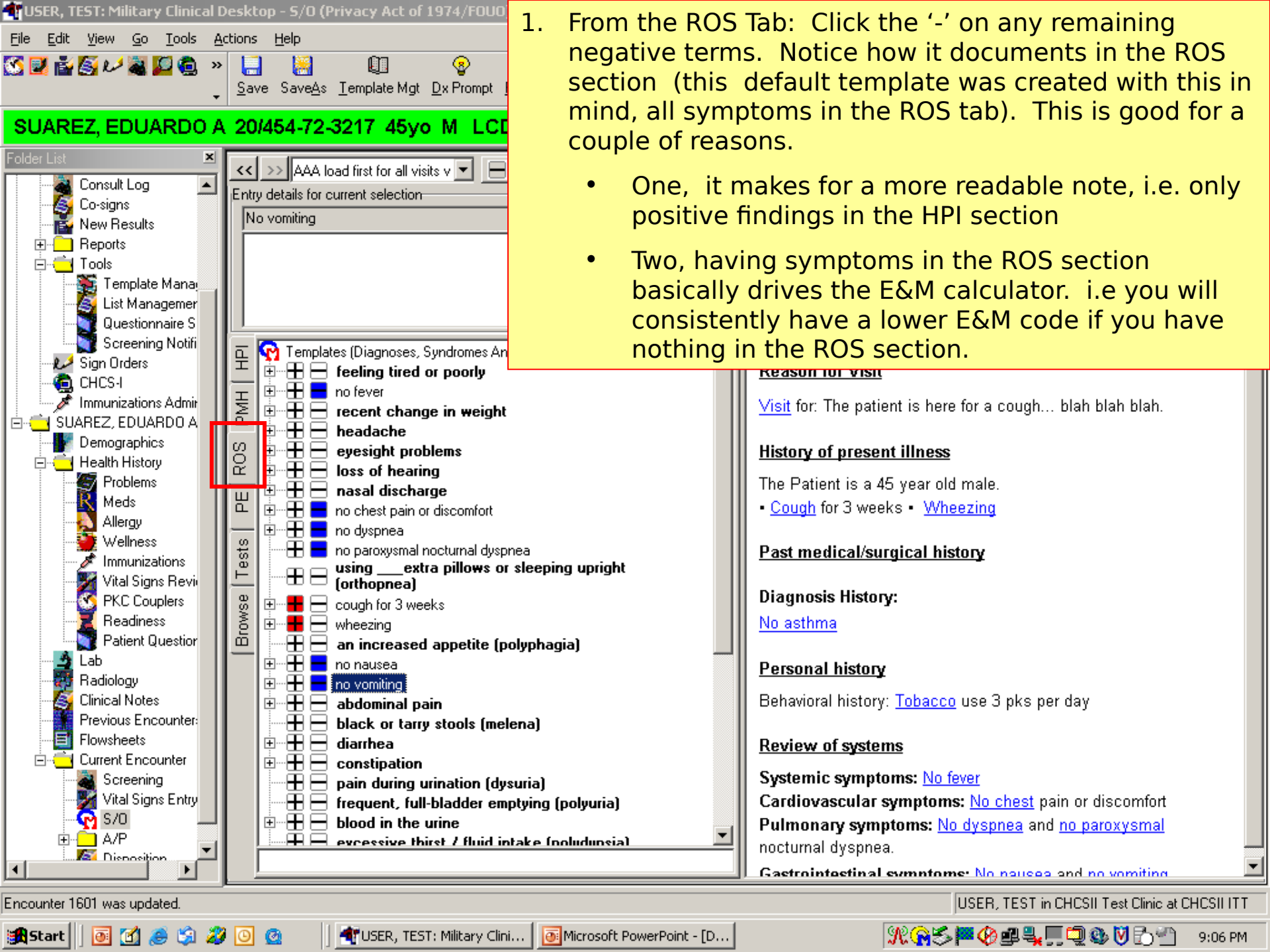
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
wheezing
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Diagnoses, Syndromes And Conditions)
feeling tired or poorly
fever [as symptom]
recent change in weight
headache
eyesight problems
loss of hearing
nasal discharge
chest pain or discomfort
difficulty breathing (dyspnea)
awakening at night short of breath
using ___extra pillows or sleeping upright (orthopnea)
cough for 3 weeks
wheezing
an increased appetite (polyphagia)
nausea
vomiting
abdominal pain
black or tarry stools (melena)
diarrhea
constipation
pain during urination (dysuria)
frequent, full-bladder emptying (polyuria)
blood in the urine
excessive thirst / fluid intake (polydipsia)
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks • Wheezing
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:05 PM


1. From the ROS Tab: Click the '-' on any remaining negative terms. Notice how it documents in the ROS section (this default template was created with this in mind, all symptoms in the ROS tab). This is good for a couple of reasons.
• One, it makes for a more readable note, i.e. only positive findings in the HPI section
• Two, having symptoms in the ROS section basically drives the E&M calculator. i.e you will consistently have a lower E&M code if you have nothing in the ROS section.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCD
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
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SUAREZ, EDUARDO A
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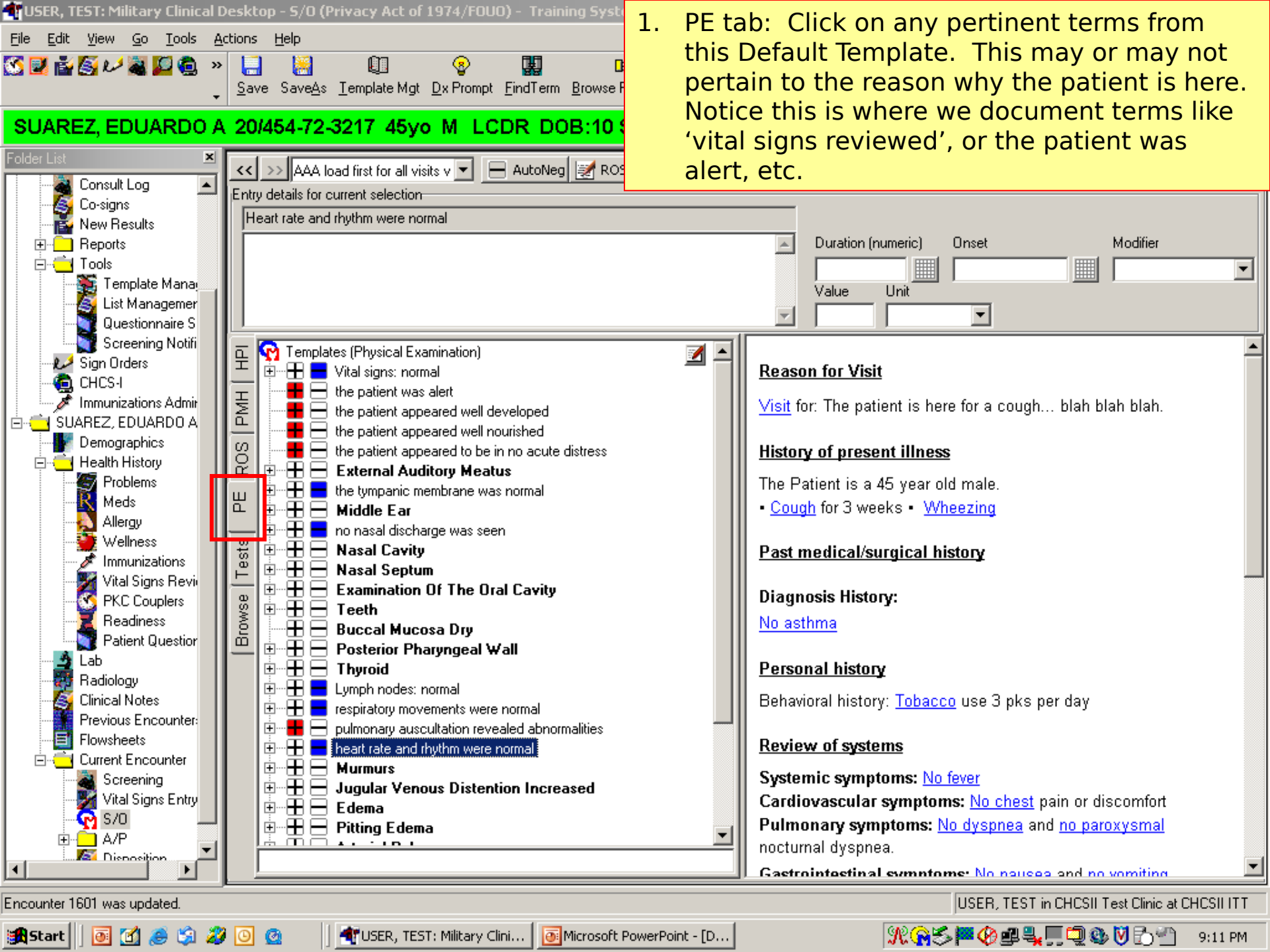
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
Entry details for current selection
No vomiting
HPI PMH ROS PE Tests Browse
Templates (Diagnoses, Syndromes An
feeling tired or poorly
no fever
recent change in weight
headache
eyesight problems
loss of hearing
nasal discharge
no chest pain or discomfort
no dyspnea
no paroxysmal nocturnal dyspnea
using ___extra pillows or sleeping upright (orthopnea)
cough for 3 weeks
wheezing
an increased appetite (polyphagia)
no nausea
no vomiting
abdominal pain
black or tarry stools (melena)
diarrhea
constipation
pain during urination (dysuria)
frequent, full-bladder emptying (polyuria)
blood in the urine
excessive thirst / fluid intake (polydipsia)
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks • Wheezing
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Gastrointestinal symptoms: No nausea and no vomiting
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:06 PM


1. PE tab: Click on any pertinent terms from this Default Template. This may or may not pertain to the reason why the patient is here. Notice this is where we document terms like 'vital signs reviewed', or the patient was alert, etc.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training Syst
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
SUAREZ, EDUARDO A
Demographics
Health History
Problems
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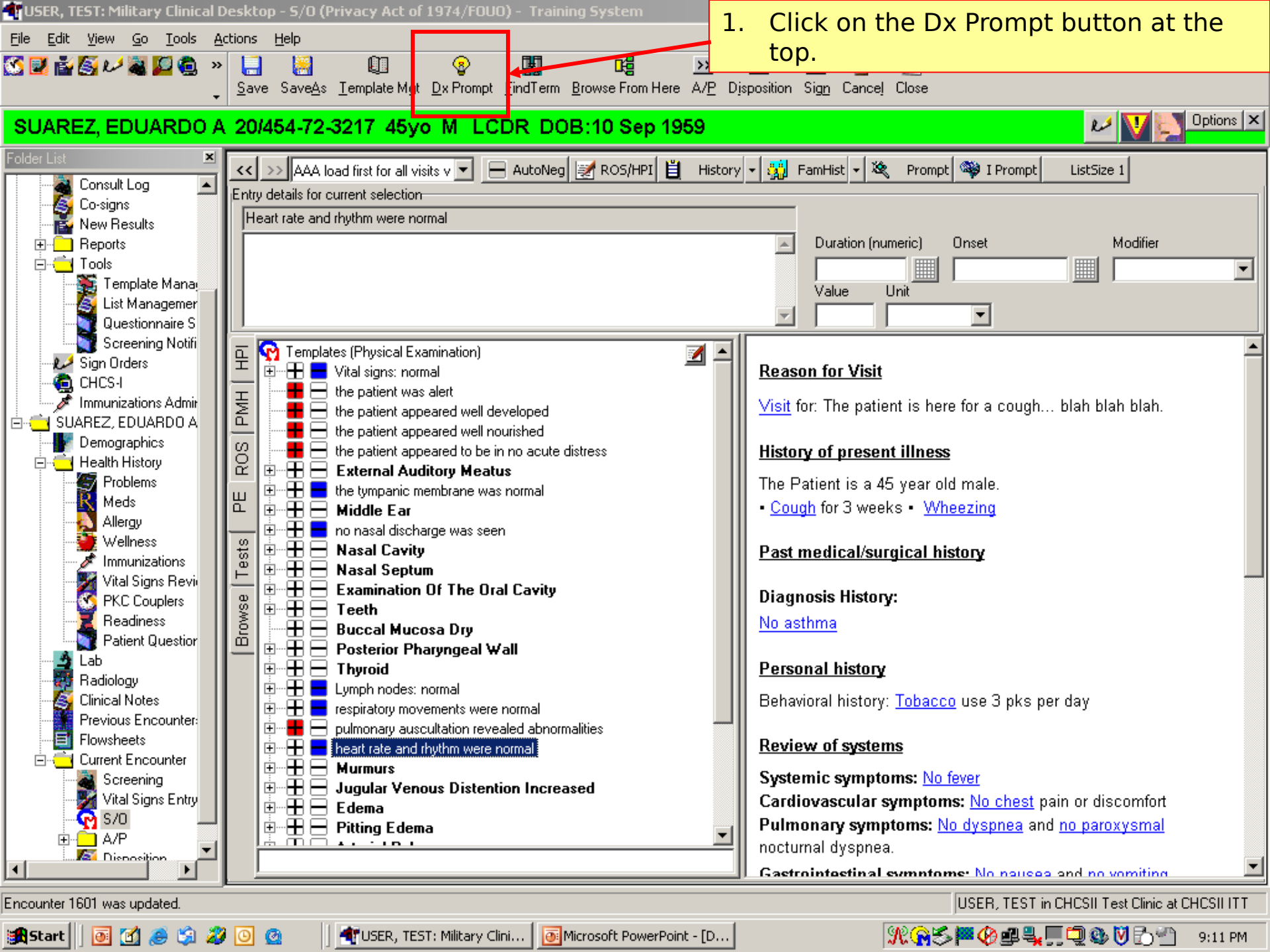
Allergy
Wellness
Immunizations
PKC Couplers
Readiness
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
AutoNeg
Entry details for current selection
Heart rate and rhythm were normal
Duration (numeric)
Onset
Modifier
Value
Unit
HPI PMH ROS PE Tests Browse
Templates (Physical Examination)
Vital signs: normal
the patient was alert
the patient appeared well developed
the patient appeared well nourished
the patient appeared to be in no acute distress
External Auditory Meatus
the tympanic membrane was normal
Middle Ear
no nasal discharge was seen
Nasal Cavity
Nasal Septum
Examination Of The Oral Cavity
Teeth
Buccal Mucosa Dry
Posterior Pharyngeal Wall
Thyroid
Lymph nodes: normal
respiratory movements were normal
pulmonary auscultation revealed abnormalities
heart rate and rhythm were normal
Murmurs
Jugular Venous Distention Increased
Edema
Pitting Edema
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks • Wheezing
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:11 PM


1. Click on the Dx Prompt button at the top.
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
Questionnaire S
Screening Notifi
Sign Orders
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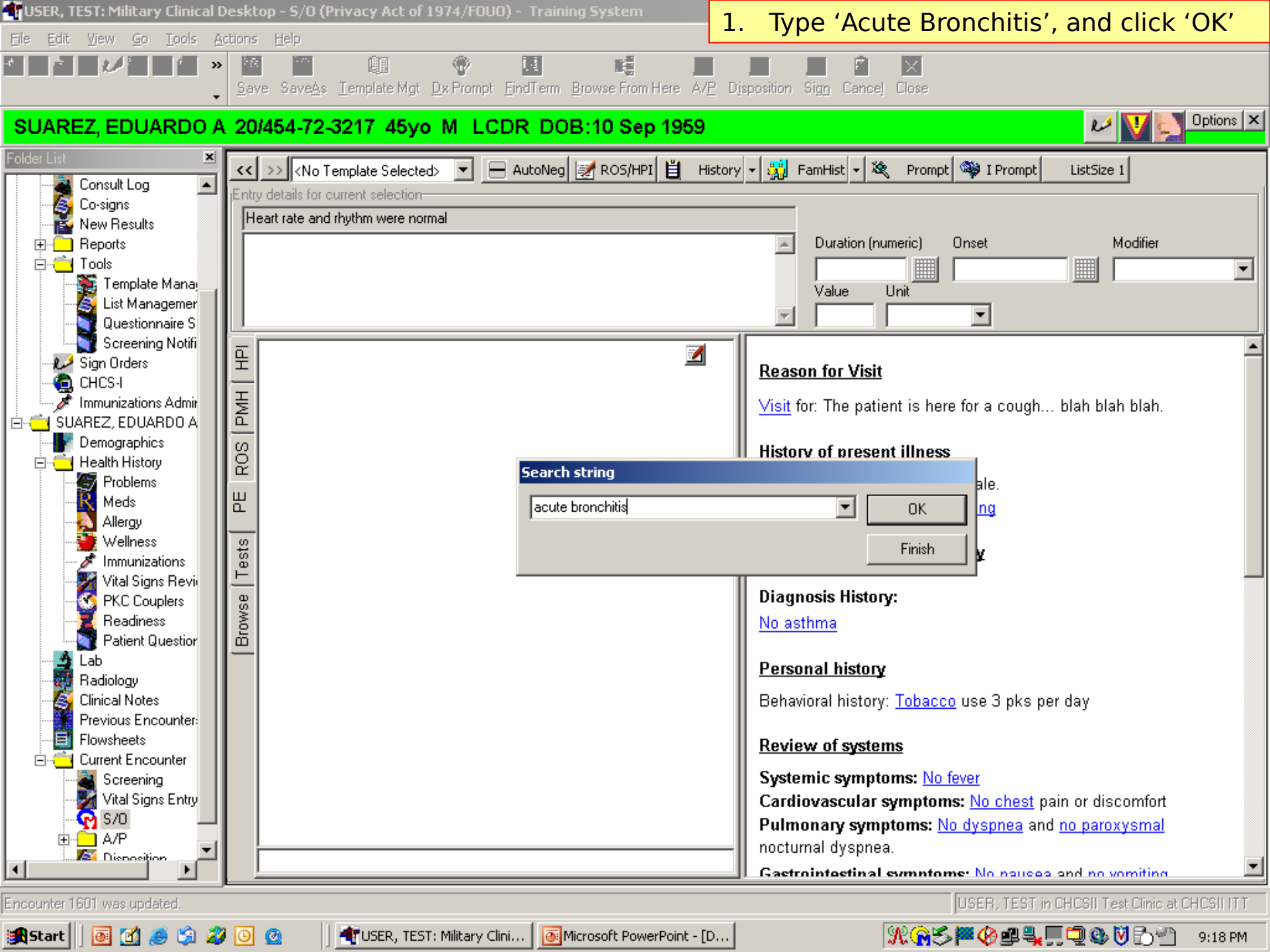
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
AAA load first for all visits v
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Heart rate and rhythm were normal
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Physical Examination)
Vital signs: normal
the patient was alert
the patient appeared well developed
the patient appeared well nourished
the patient appeared to be in no acute distress
External Auditory Meatus
the tympanic membrane was normal
Middle Ear
no nasal discharge was seen
Nasal Cavity
Nasal Septum
Examination Of The Oral Cavity
Teeth
Buccal Mucosa Dry
Posterior Pharyngeal Wall
Thyroid
Lymph nodes: normal
respiratory movements were normal
pulmonary auscultation revealed abnormalities
heart rate and rhythm were normal
Murmurs
Jugular Venous Distention Increased
Edema
Pitting Edema
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks • Wheezing
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Gastrointestinal symptoms: No nausea and no vomiting
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:11 PM


1. Type 'Acute Bronchitis', and click 'OK'
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
Reports
Tools
Template Mana
List Managemer
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SUAREZ, EDUARDO A
Demographics
Health History
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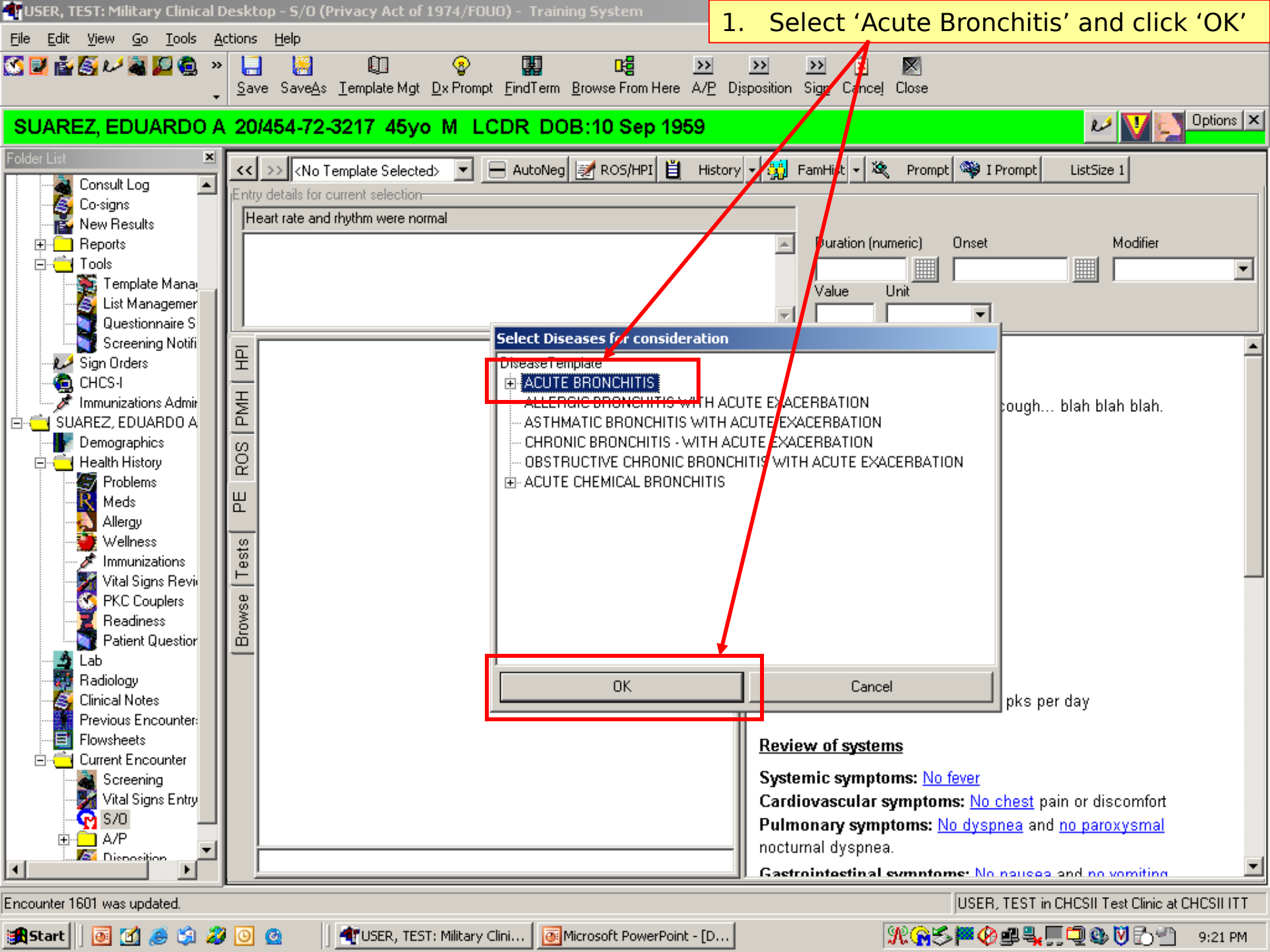
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
<No Template Selected>
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Heart rate and rhythm were normal
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Search string
acute bronchitis
OK
Finish
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:18 PM


1. Select 'Acute Bronchitis' and click 'OK'
USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1959
Options
Folder List
Consult Log
Co-signs
New Results
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Sign Orders
CHCS-I
SUAREZ, EDUARDO A
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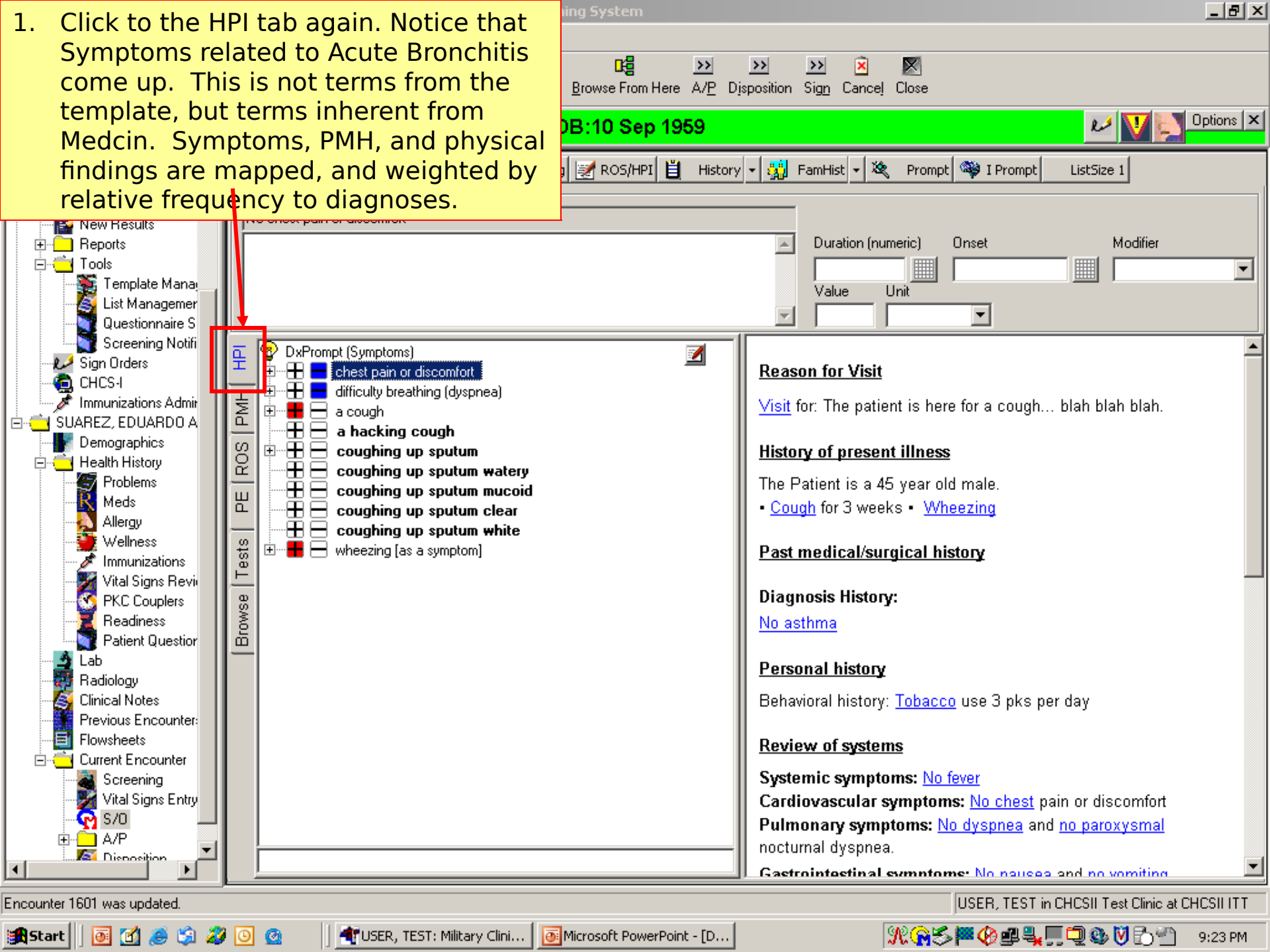
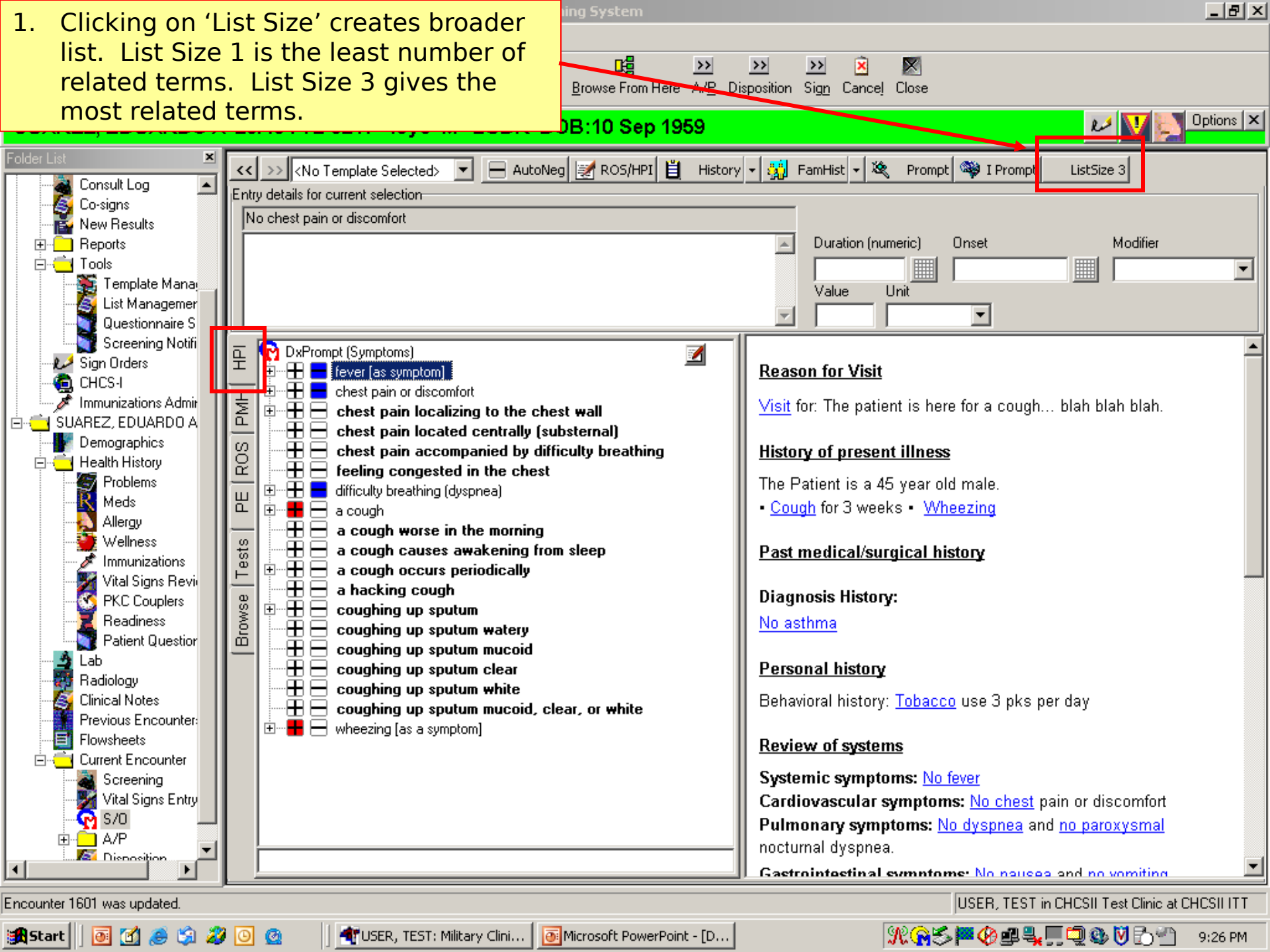
Vital Signs Entry
S/O
A/P
<No Template Selected>
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Heart rate and rhythm were normal
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Select Diseases for consideration
DiseaseTemplate
ACUTE BRONCHITIS
ALLERGIC BRONCHITIS WITH ACUTE EXACERBATION
ASTHMATIC BRONCHITIS WITH ACUTE EXACERBATION
CHRONIC BRONCHITIS - WITH ACUTE EXACERBATION
OBSTRUCTIVE CHRONIC BRONCHITIS WITH ACUTE EXACERBATION
ACUTE CHEMICAL BRONCHITIS
OK
Cancel
cough... blah blah blah.
pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Gastrointestinal symptoms: No nausea and no vomiting
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:21 PM

1. Click to the HPI tab again. Notice that Symptoms related to Acute Bronchitis come up. This is not terms from the template, but terms inherent from Medcin. Symptoms, PMH, and physical findings are mapped, and weighted by relative frequency to diagnoses.




1. Clicking on 'List Size' creates broader list. List Size 1 is the least number of related terms. List Size 3 gives the most related terms.
Browse From Here
A/P
Disposition
Sign
Cancel
Close
Options
Folder List
Consult Log
Co-signs
New Results
Reports
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CHCS-I
Immunizations Admin
SUAREZ, EDUARDO A
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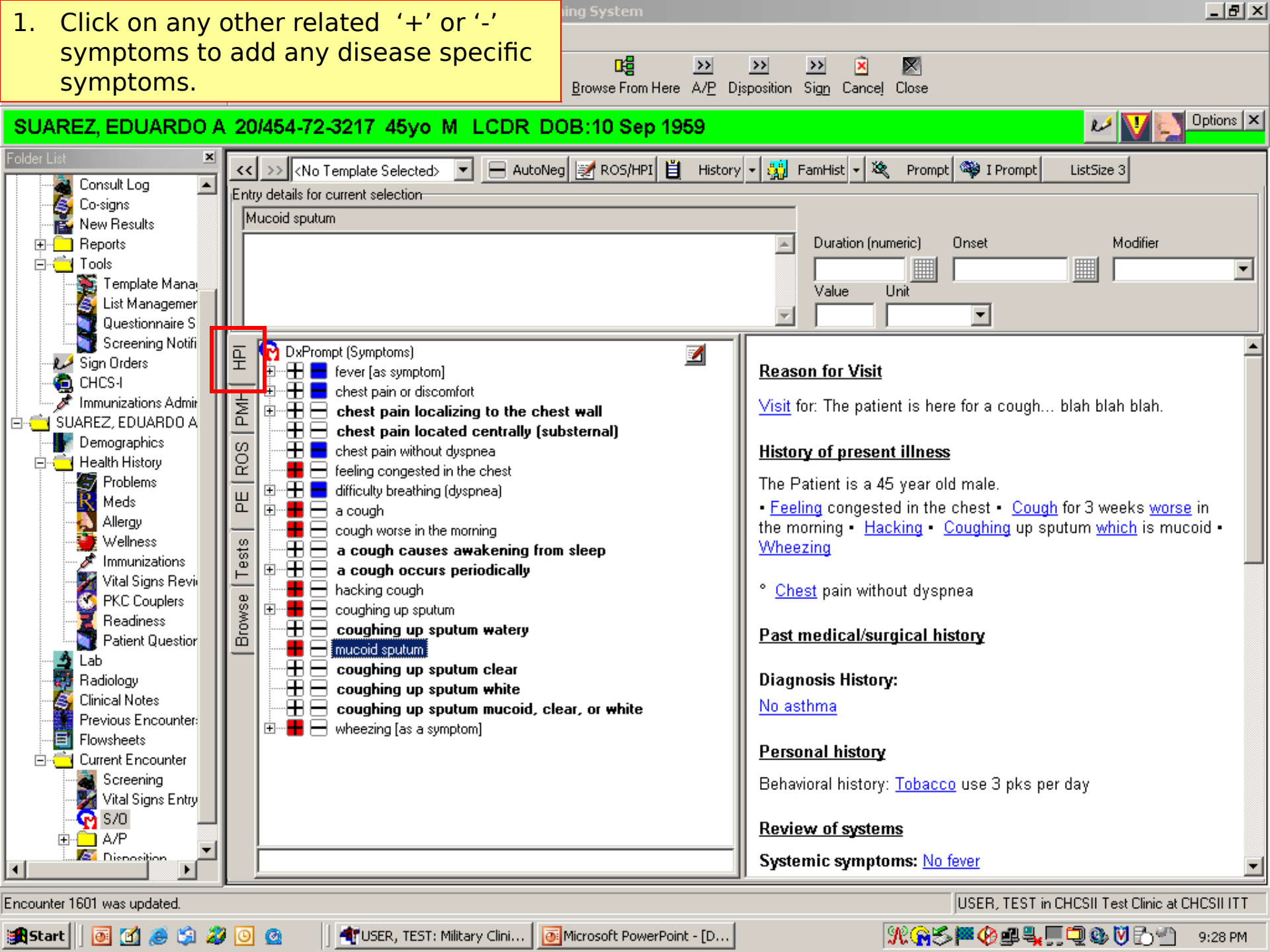
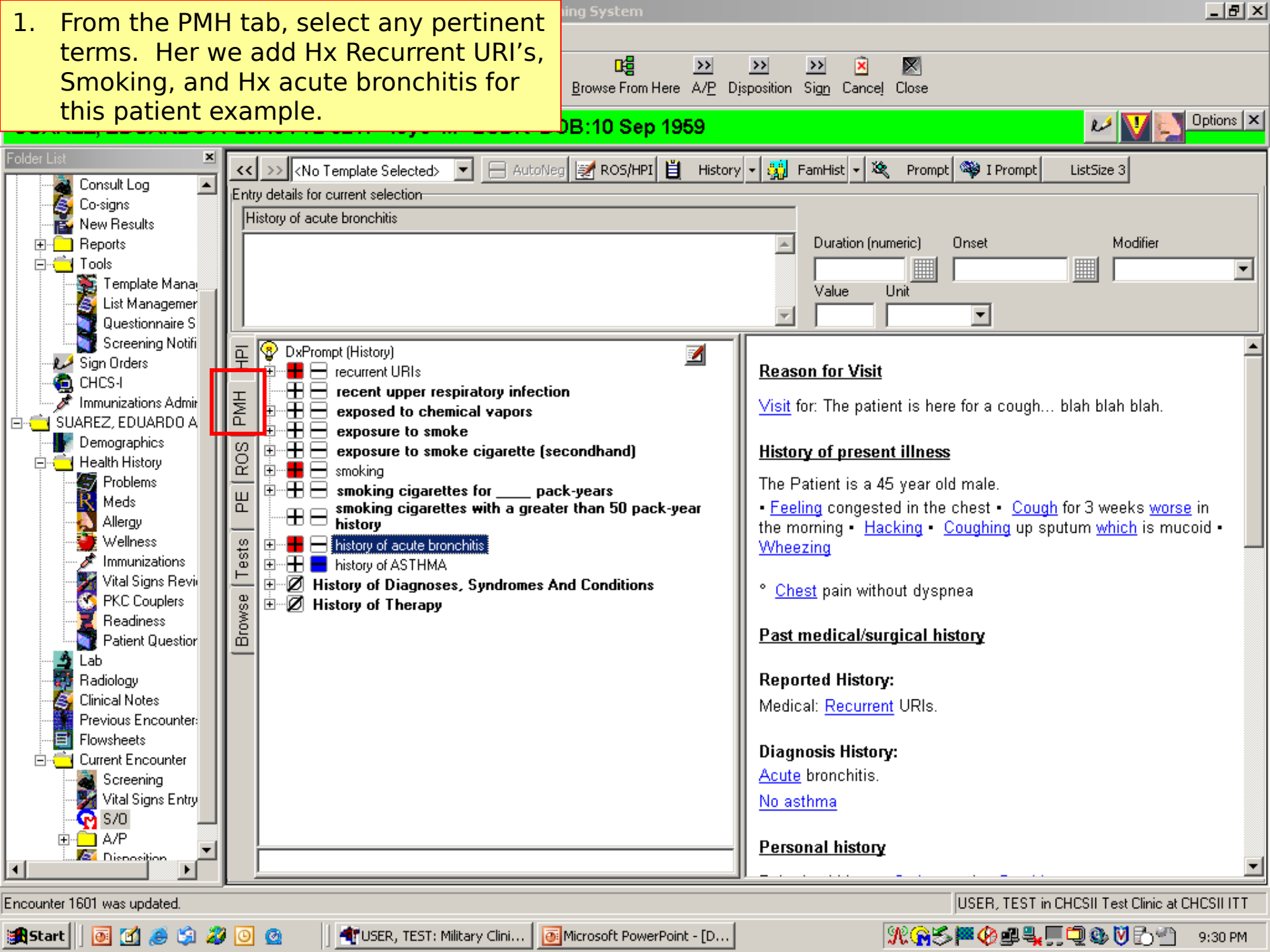
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
<No Template Selected>
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 3
Entry details for current selection
No chest pain or discomfort
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
DxPrompt (Symptoms)
fever [as symptom]
chest pain or discomfort
chest pain localizing to the chest wall
chest pain located centrally (substernal)
chest pain accompanied by difficulty breathing
feeling congested in the chest
difficulty breathing (dyspnea)
a cough
a cough worse in the morning
a cough causes awakening from sleep
a cough occurs periodically
a hacking cough
coughing up sputum
coughing up sputum watery
coughing up sputum mucoid
coughing up sputum clear
coughing up sputum white
coughing up sputum mucoid, clear, or white
wheezing [as a symptom]
Reason for Visit
Visit for: The patient is here for a cough... blah blah blah.
History of present illness
The Patient is a 45 year old male.
• Cough for 3 weeks • Wheezing
Past medical/surgical history
Diagnosis History:
No asthma
Personal history
Behavioral history: Tobacco use 3 pks per day
Review of systems
Systemic symptoms: No fever
Cardiovascular symptoms: No chest pain or discomfort
Pulmonary symptoms: No dyspnea and no paroxysmal nocturnal dyspnea.
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
9:26 PM

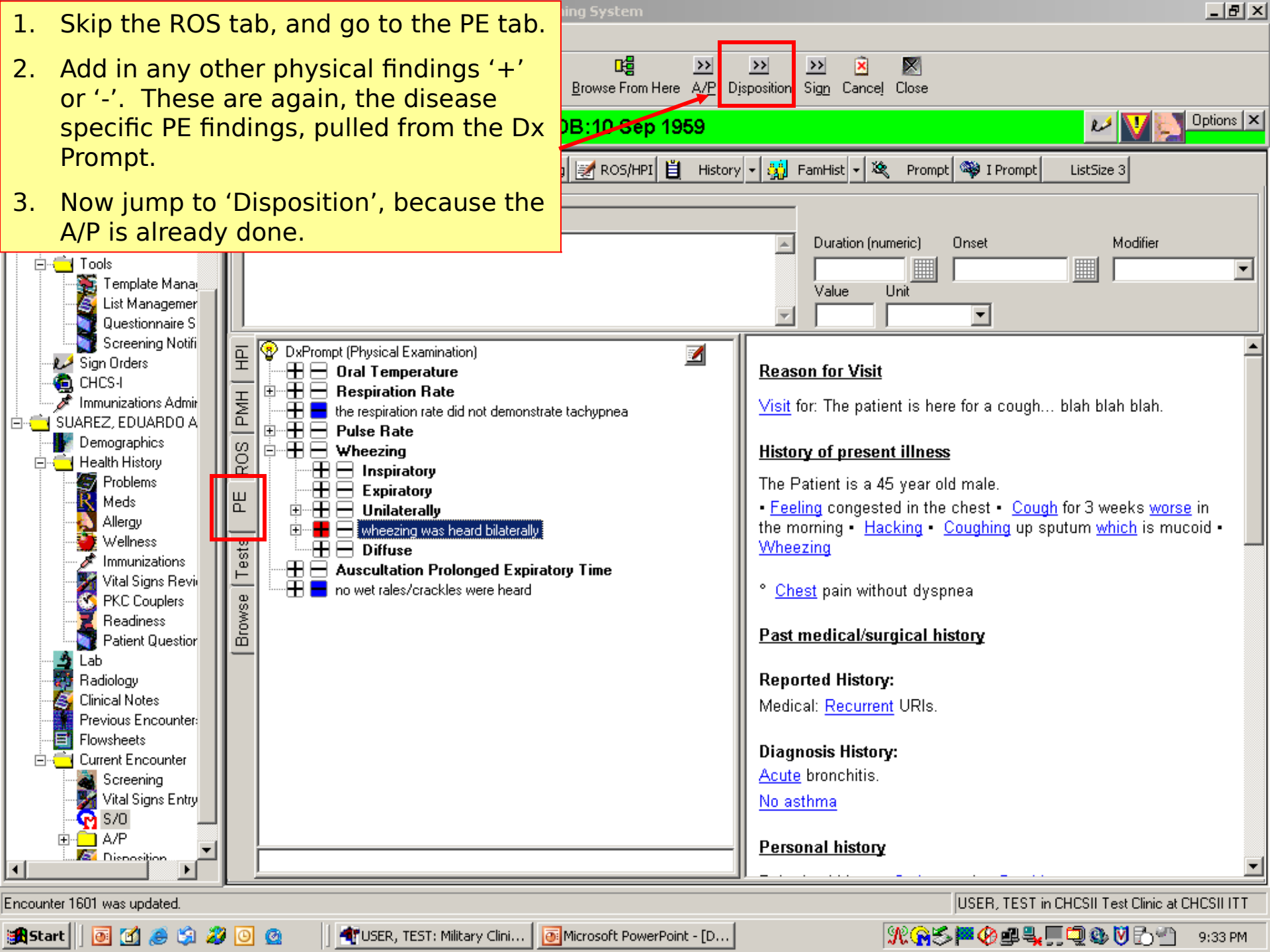
1. Click on any other related '+' or '-' symptoms to add any disease specific symptoms.

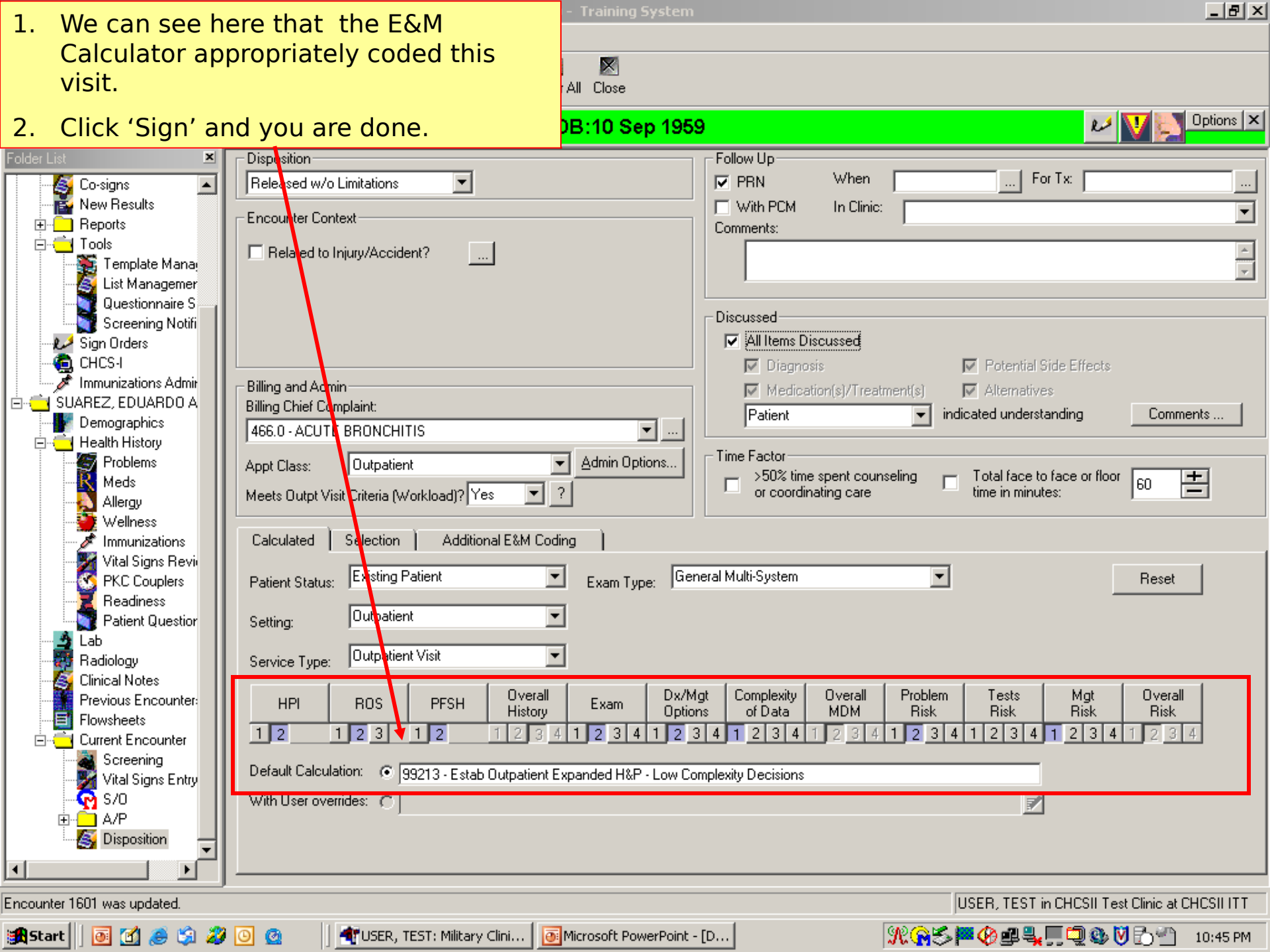


1. From the PMH tab, select any pertinent terms. Her we add Hx Recurrent URI's, Smoking, and Hx acute bronchitis for this patient example.



1. Skip the ROS tab, and go to the PE tab.
2. Add in any other physical findings '+' or '-'. These are again, the disease specific PE findings, pulled from the Dx Prompt.
3. Now jump to 'Disposition', because the A/P is already done.




1. We can see here that the E&M Calculator appropriately coded this visit.
2. Click 'Sign' and you are done.
Training System
All
Close
DOB:10 Sep 1959
Options
Folder List
Co-signs
New Results
Reports
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Template Mana
List Managemer
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Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Billing and Admin
Billing Chief Complaint:
466.0 - ACUTE BRONCHITIS
Appt Class:
Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)?
Yes
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Discussed
All Items Discussed
Diagnosis
Potential Side Effects
Medication(s)/Treatment(s)
Alternatives
Patient
indicated understanding
Comments ...
Time Factor
>50% time spent counseling or coordinating care
Total face to face or floor time in minutes:
60
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Exam Type:
General Multi-System
Reset
Setting:
Outpatient
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
With User overrides:
Encounter 1601 was updated.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
Start
USER, TEST: Military Clini...
Microsoft PowerPoint - [D...
10:45 PM

AIM Form use

- AIM form can also be included as an S/O documentation tool
- You can enter appropriate free text after any term on the AIM form
- Can still flip pos ROS terms to HPI